

# University of Massachusetts Medical School

## Financial Aid 2019-2020—SOM & GSBS

If you are applying for financial aid please fill out the entire form front and back.  
**\*\*\*\* If you are NOT applying for financial aid please fill out the first block only.\*\*\*\***

APPLICANT INFORMATION		
Last Name:	First Name:	Middle Initial:
Local Address:		
City:	State:	ZIP code:
Home Phone:	Cell Phone:	
SSN#:	DOB:	
Auto make, year, model:	Driver's License # & State:	
Will you live with your parents in 2019-2020? YES <input type="checkbox"/> NO <input type="checkbox"/>	Email address:	
Spouse's name (if applicable):	Year married:	
Circle School Enrolled:    Medical    MD/PhD    GSBS    GSN		Student : New <input type="checkbox"/> Returning <input type="checkbox"/>
Medical Students only: Will you be accepting the Learning Contract for the 2019-2020 AY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I am applying for:    Federal loans only <input type="checkbox"/> Institutional Aid <input type="checkbox"/> Not applying <input type="checkbox"/>		
<b>Federal Loan Amount Requested:</b>		
NOTE: You are eligible to borrow additional financial aid funds (up to Cost of Attendance) at any time during the academic year. Please contact the Financial Aid office for instructions on requesting additional funds.		
<input type="checkbox"/> Other Loan Amount \$ _____	<input type="checkbox"/> \$20,500--MAXIMUM for Non-Medical GRADUATE Students	<input type="checkbox"/> MAXIMUM--Medical Students \$42,722 MS1 & MS2 \$47,167 MS3 & MS4
If the maximum amount of unsubsidized Stafford Loans (\$42,722 for first year and second year medical students; \$47,167 for third year and fourth year medical students; \$20,500 for all other graduate students) is not enough to cover your total cost of attendance, you may opt to apply for a Federal Direct Grad PLUS loan. Please contact the Financial Aid office for information about the Federal Direct Grad PLUS Loan and application once you have received your award letter.		
<b>FIRST TIME APPLICANTS ONLY:</b>		
High School you graduated from:		
City and State of High School:		

Have you applied for any outside scholarships or other forms of assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please list any outside scholarships or other forms of assistance you have applied for:

Are you or any member of your household a beneficiary or grantor of a trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please describe the value and terms of the trust:

**Biographical Data: Provide a brief biography outlining your accomplishments. This information may be used in the Annual Scholarship Dinner program. (If more space is needed, attach a separate page.)**

Please list any additional information you think should be considered in this application:

**PLEASE SELECT ONLY ONE of the two statements below with a signature and date:**

1. I am applying for Federal loans only.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date:

2. I am applying for BOTH Federal loans and Institutional Aid. I understand that in order to be considered for Institutional Aid, I must complete the CSS Profile with my parents' financial information and submit copies of my parents' SIGNED 2017 Federal tax return(s) with all schedules and W2(s) attached. **Please list applicant's name and SSN# at the top of parent's federal tax return.**

What is the marital status of your parents (circle one)? Never Married / Married / Widowed / Separated / Divorced			
Please list the name of parent #1		Please list the name of parent #2	
If divorced, please indicate which parent is the custodial parent and which parent is the non-custodial parent:			
Custodial parent name:		Non-custodial parent name:	
If divorced, is parent one remarried?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If divorced, is parent one remarried?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If widowed, please list name of deceased parent and date of death:			

I understand that donors of financial aid funds sometime require reports about recipients. If I receive such funds, I authorize UMMS to release to donors my personal information such as academic standing, financial need and biographical data - provided below. I further agree to provide a thank you letter if requested.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date:

**ALL APPLICANTS are required to sign the Statements and Certifications below:**

I certify that I will use any Title IV or HEA funds I receive only for expenses related to my attendance at UMMS. I certify that the information provided on this application is true and that I will notify the UMMS Financial Aid Office of any additional financial assistance received or any changes in my financial status.

Print Name:			
Signature:		Date:	