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APPLICATION FOR FINANCIAL ASSISTANCE SCHOOL OF MEDICINE 2009-2010

Please complete this application if you are a **medical student** and either a **U.S. Citizen or Permanent Resident** and want to be considered for institutional funding. Direct Loan only borrowers and/or Third Party Sponsor recipients **SHOULD NOT** complete this application. For financial aid information please visit www.bumc.bu.edu/osfs/webforms. For all others, listed below are the documents you are required to submit to the Office of Student Financial Services (OSFS) by **April 17, 2009 or within 45 days of admission (whichever is later)**. Please provide copies of ALL documents which are applicable to you and your parents. Important - ALL required signatures must be provided. **SUBMITTING AN INCOMPLETE OR LATE APPLICATION WILL RESULT IN REDUCED INSTITUTIONAL FUNDING AND MAY DELAY RELEASE OF FUNDS FOR LIVING EXPENSES.** OSFS DOES NOT accept faxed application materials.

From You and/or Your Spouse:

- o Signed copy of 2008 federal tax return including ALL W-2s, schedules and forms
- o Business/Farm Supplement (with business tax return and ALL required schedules and forms)

From Your Parent(s):

- o Signed copy of 2008 federal tax return including ALL W-2s, schedules and forms
- o Business/Farm Supplement (with business tax return and ALL required schedules and forms)
- o Non-Filers – “Parent Statement of Non-Filing Status” form (p. 6)
- o 2008 Social Security Statement of Benefits (if applicable)

From Your Non-Custodial Parent:

- o “Non-Custodial Parent’s Statement” (enclosed)
- o Signed copy of 2008 federal tax return including ALL W-2s, schedules and forms
- o Business/Farm Supplement (with business tax return and ALL required schedules and forms)
- o Non-Filers – “Parent Statement of Non-Filing Status” form (p. 6)
- o 2008 Social Security Statement of Benefits (if applicable)

Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA:

- o Required for institutional and/or federal aid
- o Complete student sections www.fafsa.ed.gov
School Code: 002130
Questions: (800) 433-3243

CSS/Financial Aid PROFILE®:

- o Complete both parent and student sections <https://profileonline.collegeboard.com/index.jsp>
School Code: 3116
Questions: (305) 829-9793
- o **We recommend that you submit the FAFSA and CSS/Financial Aid PROFILE® at least two weeks prior to the Application for Financial Assistance deadline to insure that information is received by the deadline.**

Date of Acceptance: _____ Anticipated Medical School Graduation Date: ____ / ____ / ____ Gender: Male Female
(New Students Only) MM YR

Name: _____ BU ID or Social Security # _____
Last First Middle Please list on all accompanied documents

Are you a U.S. Citizen or Permanent Resident? YES NO
If you are a Permanent Resident, list your Residency Expiration Date (month/year): _____ Married Single

Local Address: _____
(If Known) Street Apt. # City State Zip

Permanent Address: _____
Street Apt. # City State Zip

E-mail Address: _____ How would you prefer to be contacted? E-mail Postal

Local Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Are you taking a modified curriculum? YES NO

Please check applicable box: MD MD/PhD BA/MD MMEDIC ENG/MEDIC

OFFICE USE ONLY: M W R I

STUDENT FINANCIAL DATA

Please list the amounts available from the following sources to contribute to the cost of your education for the 2009-2010 academic year (DO NOT leave blank. List \$0 where applicable.):

Spouse \$ _____ Military Scholarship \$ _____ Service Scholarship \$ _____

Parents \$ _____ State Scholarship \$ _____ Other* (e.g. stipends) \$ _____

*Please specify: _____

Did you or your spouse file a 2008 U.S. federal tax return?

- If yes, please **enclose** a signed copy of your 2008 federal tax return, W-2s and ALL schedules.
- If no, please complete all items below that are applicable using amounts in U.S. dollars. By checking "no", you affirm you will not and are not required to file a 2008 federal tax return. Also, this form will serve as your **2008 Non-Filing Statement**. List \$0 where applicable.

I/we have listed below the sources and amounts of all income received for 2008.

Earnings from Work:	\$ _____	AFDC/Welfare:	\$ _____
Unemployment Compensation:	\$ _____	Stipend:	\$ _____
Interest Income:	\$ _____	Child Support:	\$ _____
Dividends:	\$ _____	Alimony:	\$ _____
Trust Income:	\$ _____	Pensions:	\$ _____
Foreign Income:	\$ _____	Housing, Food or Other Living Allowances:	\$ _____
Capital Gains:	\$ _____	Other _____:	\$ _____
		(Please specify, e.g. parents, etc.)	

THIS BOX MUST BE COMPLETED

Current Loan Indebtedness (List the total principal amount owed to date. List \$0 where applicable.)

Subsidized Direct/Stafford Loan \$ _____ Unsubsidized Direct/Stafford Loan \$ _____

BU Institutional Loan \$ _____ Perkins/NDSL \$ _____

Credit-Based Loan \$ _____ Graduate PLUS \$ _____

To obtain your federal loan principal amount(s) visit www.nslids.ed.gov and for prior BU institutional loan(s) visit the Student Link at www.bu.edu/studentlink.

CONSIDERATION FOR PRIMARY CARE FUNDING

Are you interested in Primary Health Care in family practice, general internal medicine, general pediatrics etc.? YES NO
 If yes, please attach a brief letter describing your interest in Primary Care and how it evolved; the experiences that contributed to your career goals; and your professional plans. You DO NOT need to submit a letter if you submitted one in a prior year.

WILLIAM D. FORD FEDERAL DIRECT LOAN PROCESSING REQUEST

OSFS must receive your 2009-10 FAFSA data from the Central Processor. You **must** be a U.S. Citizen or Permanent Resident.

At Least Half-Time						Half-Time = 8 Credits or More (Amount Based on Eligibility)
Academic Year	# of Months	Maximum Subsidized	Maximum Unsubsidized	Max. Super Unsubsidized	Total	
I	9.5	\$8,500	\$12,000	\$21,111	\$41,611	
II	9	\$8,500	\$12,000	\$20,000	\$40,500	
III	12	\$8,500	\$12,000	\$26,667	\$47,167	
IV	12	\$8,500	\$12,000	\$26,667	\$47,167	

Please check ONLY one box

I am applying for Subsidized loans only: YES

I am applying for the **maximum** Subsidized/Unsubsidized amounts for which I am eligible: YES NO

If less than the maximum amount, please list your requested amount: \$_____

- **First time borrowers** must complete Entrance Counseling (www.dl.ed.gov) and a Master Promissory Note (www.dlenote.ed.gov) before funds will be credited to your student account.
- **Both Subsidized and Unsubsidized eligibility may be limited by cost of attendance, other assistance received and aggregate borrowing limits. You MUST notify OSFS of any registration status changes.**

OPTIONAL CREDIT BALANCE FUND REQUEST

CREDIT ADVANCE

This is a short-term, interest-free advance against your anticipated credit beyond tuition and fees for the semester to assist you with living expenses until your loan proceeds are disbursed. To comply with federal regulations, funds **CANNOT BE ADVANCED ANY EARLIER THAN YOUR FIRST DAY OF CLASSES** for which aid is intended. If approved by OSFS, a check will be mailed in 3 to 5 business days.

By signing the Affirmation Page on page 5, you promise to pay the Trustees of Boston University the amount advanced by payment to your student account in accordance with all existing University payment policies. This is a sealed instrument governed by the Laws of the Commonwealth of Massachusetts.

Amount requested _____ (up to \$4,000) Phone # (required) _____

We will mail your check to the LOCAL ADDRESS* on file at Boston University Medical Campus.

***Please update your Local Address on the Student Link (www.bu.edu/studentlink) if you move.**

PARENTAL/LEGAL GUARDIAN STATEMENT

The cost of education at Boston University School of Medicine represents a significant investment and many students graduate with debt exceeding \$150,000. Parents are encouraged to become knowledgeable about the cost of their child's education and the amount of debt their child is likely to assume.

I have discussed with my child how they will finance their health professions education. YES NO

Is either parent a beneficiary of a trust or estate? YES NO

If yes, provide the value and other pertinent information about the terms of the trust on a separate page.

Does your family currently receive funds from any of the following public assistance programs? If yes, please check the appropriate box(es).

Aid to Families with Dependent Childen (AFDC) Food Stamps Medicaid Public Housing

How much will you contribute toward the cost of your child's education?

Tuition \$_____ Room \$_____ Board \$_____ Health Insurance \$_____

Biological parents' marital status (check one): Married Unmarried Separated/divorced Remarried

ALL STUDENTS MUST COMPLETE THIS SECTION.

1. Where did you attend primary (elementary) and secondary (high school) schools?

Name of School	Address of School (Including County)	Dates of Attendance	
		From:	To:
		From:	To:

2. What are your parents'/guardian's professions?

Father _____ Mother _____ Guardian _____

3. What is the highest level of education attained by parent(s)/guardian? Please list or circle one.

	Father	Mother	Guardian
Grade School	_____	_____	_____
High School	_____	_____	_____
Undergraduate University/College Level	1 2 3 4	1 2 3 4	1 2 3 4
Graduate University/College Level	1 2 3+	1 2 3+	1 2 3+

4. List family members. (If you need additional space, please list on page 6 in the Additional Family Notes section.)

Name	Age	Relationship	Live in family home?

5. List siblings who are attending/have attended a university/college.

Name	Institution	Undergrad/Grad	Currently attending?
_____			<input type="checkbox"/> YES <input type="checkbox"/> NO
_____			<input type="checkbox"/> YES <input type="checkbox"/> NO
_____			<input type="checkbox"/> YES <input type="checkbox"/> NO

6. If you have previously been rejected from medical, dental, or other health professional schools, please give names of schools and dates of rejection. _____

7. Is there a health services manpower shortage in the area where your family lives? YES NO DON'T KNOW
If yes, please explain and list County. _____

**PARENT STATEMENT OF NON-FILING STATUS
TAX YEAR 2008**

This form is required of parents who will not/did not file a 2008 federal tax return. **Please report all amounts in U.S. dollars.** Do not leave blank; list "0" where applicable.

If you complete this Statement of Non-Filing Status, OSFS will mail you Form 4506-T during the summer which is used to verify non-filing status with the Internal Revenue Services (IRS). Any financial assistance awarded on the basis of your non-filing statement is **tentative** until OSFS receives the required IRS confirmation.

I/we certify that I/we will not file and am/are not required to file a 2008 federal tax return.

I/we have listed below the sources and amounts of all income received for 2008.

Earnings from Work:	\$ _____	Social Security (taxable)*:	\$ _____
Unemployment Compensation:	\$ _____	Social Security (untaxed)*:	\$ _____
Interest Income:	\$ _____	Stipend:	\$ _____
Dividends:	\$ _____	Child Support:	\$ _____
Trust Income:	\$ _____	Alimony:	\$ _____
Foreign Income:	\$ _____	Pensions:	\$ _____
Capital Gains:	\$ _____	Housing, Food or Other Living Allowances:	\$ _____
AFDC/Welfare:	\$ _____	Other _____:	\$ _____
		(Please specify)	

* Please provide 2008 year-end statement.

I/we do affirm that the information listed above is true and correct.

_____ Mother's Signature	MM / DD / YR	_____ Father's Signature	MM / DD / YR
_____ Mother's Name (print)		_____ Father's Name (print)	

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AND MAY DELAY RELEASE OF FUNDS FOR LIVING EXPENSES.**

**FOR ADDITIONAL FINANCIAL AID OPPORTUNITIES, PLEASE VISIT OUR WEBSITE AT
WWW.BUMC.BU.EDU/OSFS/FINAIDALERTS.**