

**UNIVERSITY OF CONNECTICUT SCHOOLS OF MEDICINE AND DENTAL MEDICINE**  
**APPLICATION FOR FINANCIAL AID 2009-2010**

**FIRST YEAR STUDENTS**

**PART I: ALL STUDENTS MUST COMPLETE THIS SECTION**    *(Please print clearly)*

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address that will be valid until September 1, 2009 \_\_\_\_\_

1. \_\_\_\_\_ MEDICAL - First Year

\_\_\_\_\_ DENTAL - First Year - Advanced Placement - DENTAL RESIDENT

2. Dual Degree Student?    YES – NO      If yes, what program?    PhD    MPH    MBA

3. I am applying for the following types of financial assistance:

\_\_\_\_\_ Federal Loan Programs - Subsidized / Unsubsidized Stafford Loans & Graduate PLUS Loan

\_\_\_\_\_ University Grants & Loan Funds in addition to the Federal Loan Programs (If applying for University funding, Part II of the University Application is also required and parental information must be provided on the FAFSA)

4. I will be receiving a service scholarship for 2009-2010.

Army \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ NHSC \_\_\_\_\_

If you have unusual expenses or special circumstances please attach a letter explaining your situation. Please include documentation if necessary.

I have read and understand the 2009-2010 Financial Aid Checklist. The information provided on this application is true and complete to the best of my knowledge.

Student \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_