

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

RETURNING STUDENTS

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

Name _____

Social Security Number _____

Home Phone _____ Cell Phone _____

Current Mailing Address _____

City _____ State _____ Zip _____

1. (Please circle one) MEDICAL / DENTAL / DENTAL RESIDENT DR-2 DR-3

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

Medical – My status in 2009-2010 will be: M2 – (PhD1 – PhD2 – PhD3) – M3 – M4

Dental – My status in 2009-2010 will be: D2 – (PhD1 – PhD2 – PhD3) – D3 – D4

3. (Please circle one) CLASS of: 2010 2011 2012 2013 Other _____

4. 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)

5. 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 _____