

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

PART II – MUST BE COMPLETED IF YOU ARE ALSO APPLYING FOR UNIVERSITY FUNDING

1. Marital Status _____ Date of marriage _____ Number of children _____

2. Student Household Information. List those people who, between 7/1/09 and 6/30/10, will receive at least half of their support from you & your spouse (if married). (* Remember to include yourself)

Name	Age	Relationship to Student	If at least a ½ time College student, list College Year in School
* _____	_____	SELF	UCONN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Marital Status of Student’s Natural Parents: Married___ Widowed___ Divorced___ Separated___
 (If your parents are Divorced or Separated, list custodial parent information including step-parent information if parent has remarried. Non-Custodial Parental 2008 Tax Return information must also be submitted.)

Parent Section: List those people who, between 7/1/09 and 6/30/10, will receive at least half of their support from your parents. (* Remember to include your parents and their ages).

Name	Age	Relationship to Student	If at least a ½ time College student, list: College / Year in School
* _____	_____	Father/Stepfather	_____
* _____	_____	Mother/Stepmother	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read and understand the 2009-2010 Financial Aid Checklist. The information provided on this form, by me or any other person, is true and complete to the best of my (our) knowledge.

_____	_____	_____	_____
Student’s Signature	Date	Spouse’s Signature	Date
_____	_____	_____	_____
Father’s/Stepfather’s Signature	Date	Mother’s/Stepmother’s Signature	Date