

2008/2009 Southern Illinois University School of Medicine
Financial Aid Institutional Application

Name: _____ Date: _____
Last First MI SSN

I will not be applying for financial aid, but would like to be considered for scholarships for which I may qualify.

This application must be completed **IN ITS ENTIRETY**. Do not leave blank spaces as this may result in delaying your application for financial aid. If a question does not apply, indicate such with 'NA.'

If you need to notify our office of special circumstances regarding your financial situation prior to our review of this application, please email us at financialaid@siumed.edu

DEADLINES:

- Complete and submit your Free Application for Federal Student Aid (FAFSA) by **MARCH 1, 2008**, in order to meet the **PRIORITY FINANCIAL AID DEADLINE OF MARCH 31, 2008**. This is especially important for students applying for Perkins loans, as limited Perkins loan dollars are available.
- Financial Aid Institutional Applications received after the **March 31, 2008**, deadline will still be eligible for financial aid. However, Perkins loans may no longer be available because the limited fund dollars for Perkins loans may be exhausted.

STUDENT INFORMATION

Driver's License No.: _____ Driver's License State: _____ Date of Birth: _____
Birthplace City: _____ State: _____

If not born in U.S. are you a: Naturalized citizen? If yes, date of naturalization: _____
 Permanent Resident? If yes, alien registration number: _____

Note: Send our office a copy of proof of visa status.

Permanent Street Address (Apt., etc.) City State Zip Area Code & Phone No.

Local Street Address (Apt., etc.) City State Zip Area Code & Phone No.

SCHOOLS PREVIOUSLY ATTENDED

List all postsecondary schools, which you have attended. (Attach additional page if necessary.)

School Name City State From: _____ To: _____
Period of Attendance

School Name City State From: _____ To: _____
Period of Attendance

School Name City State From: _____ To: _____
Period of Attendance

PREVIOUS FINANCIAL AID

List all educational loans. Include Direct and FFELP Federal Subsidized and Unsubsidized, Stafford/GSL, Federal Perkins/NDSL, HPSL/LDS/PCL, and any non-federal, private loans. Attach additional page if necessary. The amounts below are : Estimated Accurate

Lender	Loan Type	Interest Rate %	Date Borrowed	Loan Amount	<input type="checkbox"/> In Deferment <input type="checkbox"/> In Repayment <input type="checkbox"/> Repaid in Full

Are you applying for a military scholarship? Yes No If yes: Air Force Army Navy National Guard

Are you currently eligible for an Illinois Veterans Grant? Yes No

Are you applying for an Illinois Dept. of Public Health Scholarship (IDPHS)? Yes No

Are you applying for a National Health Service Corps Scholarship (NHSC)? Yes No

Do you expect to receive any private scholarships (other than listed above)? Yes No

If yes, scholarship name: _____ Estimated Amount: _____

STUDENT INCOME AND ASSETS

Student's 2007 income earned from work: _____ Spouse's (if applicable) 2007 income earned from work: _____

Cash, savings and checking accounts total _____

Enter appropriate information regarding your assets below.

<u>Asset Owned</u>	<u>Yes</u>	<u>No</u>	<u>Current Worth</u>	<u>Current Amount Owed</u>	<u>Monthly Payment</u>
Farm	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Home	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other Real Estate (Do not include business or farm)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Investments (Including trusts & uniform gifts to minors)	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable		
Business	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Will you operate a car, truck, SUV, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Total value of IRA, Keogh, 401K, 403b, etc., as of 12/31/07:			_____	Not Applicable	Not Applicable

Do you own a computer? Yes No If yes, do you have a PC or laptop? _____

Do you intend to purchase a computer? Yes No If yes, will you purchase a PC or laptop? _____

Statement of Non-filing Status: If you were not required to file a 2007 federal tax return, please sign below:

I (we) have not filed and will not file a 2007 U.S. Income Tax Return.

Student's Signature Date

Student's Spouse's Signature Date

PERSONAL REFERENCES AND PARENT INFORMATION

List two relatives living nearest to you other than your spouse or parents, including their relationship to you.

Name	Street Address	City/State/Zip	Relationship Area Code & Phone No.
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Name	Street Address	City/State/Zip	Relationship Area Code & Phone No.
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List two persons not related to you by marriage. Do not list your parents.

Name	Street Address	City/State/Zip	Relationship Area Code & Phone No.
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Name	Street Address	City/State/Zip	Relationship Area Code & Phone No.
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List your father and mother:

Father's Name	Street Address	City/State/Zip	Area Code & Phone No.
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Father's Employer	Occupation	City/State/Zip
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Mother's Name	Street Address	City/State/Zip	Area Code & Phone No.
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Mother's Employer	Occupation	City/State/Zip
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PERSONAL FACTORS

Eligibility for certain low-interest loans and scholarships is restricted based on various personal factors. The information below will assist us in identifying your eligibility. Completion of this section is optional; however, we strongly encourage you to complete it. Without this information we cannot determine your eligibility for these low-interest loans and scholarships.

Are you the first member of your family to attend college? Yes No

If no, what other members of your family attended college? Parent(s) Graduated? Yes No
 Sibling(s) Graduated? Yes No

For the majority of time from birth to age 18, were you raised by a single parent/guardian? Yes No

If you feel that your background is educationally disadvantaged, please describe why:

What is your religious preference? _____

Are you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Filipino | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic/Other (Spanish, Latino) | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Indian or Pakistani | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Korean | |

What is your heritage? (i.e., German, Italian, etc.) _____

What is your hometown? _____

City	County	State	Name of High School You Graduated From
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What are your medical specialty interests in rank order? 1) _____ 2) _____ 3) _____

REQUIRED STATEMENTS. PLEASE READ BEFORE CERTIFYING.

STATEMENT OF STUDENT RESPONSIBILITIES

I understand that the submission of this form, or other financial statements as required, will give me consideration for programs of financial assistance administered through the Financial Aid Office of Southern Illinois University School of Medicine. I understand that I will be free to accept all or part of any assistance offered to me and that I must first use any assistance towards payment of my tuition and fees and then my other educationally related expenses. I understand that any scholarship dollars received in excess of the cost of tuition, fees, books and supplies must be reported as income on the appropriate income tax form. In addition, I will notify the Financial Aid Office in writing of any changes in my financial situation or assistance received that may occur after the filing of this application.

STATEMENT OF NON-DEFAULT/REFUND

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I will use any money I receive under a federally assisted loan, grant or work-study program only for expenses related to my study at Southern Illinois University School of Medicine. I understand that I am responsible for repayment of a prorated amount of any portion of payments made which cannot reasonably be attributed to meeting educational expenses related to attendance at Southern Illinois University School of Medicine. The amount of such repayment is to be determined on the basis of criteria set forth by the U.S. Department of Education and/or the U.S. Department of Health and Human Services.

ANTI-DRUG ABUSE ACT CERTIFICATION

I certify that, as a condition of my financial assistance, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by my financial assistance.

STATEMENT OF RELEASE

I authorize the Financial Aid Office to discuss my financial circumstances with other public or recognized private agencies, which may also be considering me for aid. I also consent to the release to Southern Illinois University School of Medicine of any information pertaining to previous financial aid from any source.

STATEMENT OF REGISTRATION STATUS

- I certify that I am not required to be registered with the Selective Service, because:
- I am a female.
 - I am in the armed services on active duty. (Does not apply to members of the Reserves and National Guard who are not on active duty.)
 - I have not reached my 18th birthday.
 - I was born before 1960.
 - I am a citizen of the Federated States of Micronesia, Marshall Islands, Palau or a permanent resident of the Trust Territory of the Pacific Islands.
- I certify that I am registered with the Selective Service.

RENEWAL OF AWARDS AND BUDGET ADDITIONS

I understand that no financial aid is automatically renewed; I must reapply each year. I understand that budget additions are not automatically renewed. I must complete all documentation for budget additions each year.

I certify the information provided on this application and all supplemental forms, including all schedules and statements of the IRS income tax return, if required, is complete, true and correct to the best of my knowledge. My signature below verifies that I have read, understand and agree with the above statements and certifications. My signature below also authorizes the Bursar Office at Southern Illinois University to deduct all university charges from my financial aid proceeds including all current semester tuition and fees and all other unpaid tuition, fees and university debts (such as, but not limited to, health service and insurance fees, library fines, parking fines and short-term university loans, etc.). I will contact the School of Medicine Financial Aid Office in writing if I do not agree.

Warning: To receive Title IV financial aid, you must certify that you have read, understand and agree with the Statement of Non-default, the Statement of Educational Purpose, the Anti-Drug Abuse Act Certification and you must be registered with the Selective Service, if required to register. If you purposely give false information on this form, you may be subject to a fine of up to \$10,000, imprisonment for up to 5 years or both.

Signature

Date