

**SOUTHERN ILLINOIS UNIVERSITY  
SCHOOL OF MEDICINE**

**FINANCIAL AID ACKNOWLEDGEMENT FORM**

Please initial all of the following statements.

\_\_\_\_\_ I understand that I am responsible for meeting all deadlines.

\_\_\_\_\_ I understand that it is possible to cover the full cost of my medical education with financial aid, as long as I have good credit. Therefore, it is my responsibility to be aware of my credit history.

\_\_\_\_\_ I realize that SIU School of Medicine is not responsible for my financial support in the event that I am denied educational loans for reasons of credit, default, bankruptcy or other financial problems.

\_\_\_\_\_ I understand that I am not eligible to receive financial aid during periods of leave of absence.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIRED STATEMENTS. PLEASE READ BEFORE CERTIFYING.

**STATEMENT OF NON-FILING STATUS:** (If you were not required to file 2015 federal tax return, please sign below.) I (we) have not filed and will not file a 2015 U.S. Income Tax Return.

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Student's Signature

Date

Student's Spouse's Signature

Date

**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 registered with the Selective Service.

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.

**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.*

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Signature

Date

**SOUTHERN ILLINOIS UNIVERSITY  
SCHOOL OF MEDICINE  
BUDGET WORKSHEET**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

<b>Estimated Income:</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>
Scholarships					
Grants					
Loans					
Savings					
Employment					
Other:					
<b>Total Estimated Income:</b>	\$0				
<b>Estimated Expenses:</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>
Tuition and Fees					
Rent					
Food					
Utilities (Phone, electric, gas, etc.)					
Insurance (Car, Renters, Life)					
Emergencies (Figure 3% of income)					
Books and Supplies					
Laundry					
Long-Distance Phone Calls					
Entertainment (Eating out, movies, etc.)					
Travel (Commuting, getting around)					
Clothing					
Non-covered medical expenses					
Personal					
Other:					
<b>Total Estimated Expenses:</b>	\$0				
<b>TOTAL ESTIMATED INCOME MINUS ESTIMATED EXPENSES:</b>	\$0				

## SIU School of Medicine Address Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SIU School of Medicine maintains up to three addresses for students: Billing Address, Local Address, and Permanent Address. Accurate addresses are extremely critical for ensuring that students receive important and timely mail from the School of Medicine.

**BILLING ADDRESS:** The Billing Address is used only by the Bursar's Office to mail the Statement of Account. If no Billing Address exists in the months of January through November, the Statement of Account is mailed to the Local Address. If the Local Address is missing, the statement is then mailed to the Permanent Address.

**LOCAL ADDRESS:** The Local Address is the primary address to which University correspondence is directed while classes are in session. In the absence of a Billing Address, it is used to mail the monthly Statement of Account except in the month of December. Refund checks are mailed to this address.

**PERMANENT ADDRESS:** The Permanent Address is used primarily to complete electronic financial aid forms. If the Billing Address is missing (December only), it is also used to mail the Statement of Account; direct correspondence will be sent here if the Local Address is missing.

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**BILLING ADDRESS:** PLEASE NOTE - DO NOT USE a Local Address as a Billing Address unless you plan to receive all future Statements of Account at that address. Please read additional information above.

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Street Address	City/State/Zip	Area Code & Phone No.
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**LOCAL ADDRESS:** See description below. \*

Is this address the same as the billing address?      Yes      No

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Street Address	City/State/Zip	Area Code & Phone No.
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**PERMANENT ADDRESS:** See description below. \*

Is this address the same as the billing address?      Yes      No

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Street Address	City/State/Zip	Area Code & Phone No.
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Signature: \_\_\_\_\_

## STUDENT'S FINANCIAL AID CHECKLIST

Use this form to keep track of your financial aid documents.

Our mailing address: SIU School of Medicine, Financial Aid Office, P.O. Box 19624, Springfield, IL 62794-9624.

**Date**  
**Completed**

### TO APPLY FOR FINANCIAL AID:

- \_\_\_\_\_ Completed electronic FAFSA or renewal.
- \_\_\_\_\_ Reviewed SAR. Made corrections, if necessary, and returned corrected SAR to the Federal Student Aid Programs;
- \_\_\_\_\_ Printed out and mailed copy of Student Aid Report (SAR) to SIU School of Medicine Financial Aid Office (SOM FAO);
- \_\_\_\_\_ Completed and submitted Financial Aid Institutional Application (FAIA)
  - \_\_\_\_\_ Completed and mailed FAIA required forms to SOM FAO.

### TO VIEW YOUR FINANCIAL AID AWARD:

- Access SalukiNet and logon using your SIU ID and SIU PIN;
  - Click “Financial Aid,” then click “Award Letter”;
  - Review your Award Letter, including the Terms and Conditions;
  - Click “Confirm” to proceed if you have offered awards;
  - Accept/Reject all offered awards, then click “Submit” when finished.
- If you need to make revisions to your award letter, access our Award Revision Request Form.
- Follow instructions regarding additional tasks you must complete. You will use your Department of Education PIN to electronically complete your Direct Loan Master Promissory Notes (Stafford and Grad PLUS loans).
- Complete Electronic On Line Loan Counseling for Stafford (Subsidized/Unsubsidized Loans and Grad PLUS loan).

### OBTAIN A COPY OF YOUR CREDIT REPORT:

**We strongly encourage you to review a copy of your credit report prior to beginning medical school and annually thereafter.** It may be necessary to obtain an alternative educational loan and/or residency travel and relocation loan. Your eligibility for these loan types is based on your credit record, and if you have had consumer loans (credit cards, auto loans, etc.) that you have been delinquent in repaying, you may be judged to be not “credit ready.” This could result in your loan application being denied. If you are in default on a previous student loan you will be ineligible for any new federal student loans and need to contact our office as soon as possible. We recommend that you request a credit report annually to ensure that your credit report is complete, accurate, and to guard against identify theft. You may access your free annual credit report at: [www.annualcreditreport.com](http://www.annualcreditreport.com).