

INDIANA UNIVERSITY SCHOOL OF MEDICINE



APPLICATION for FINANCIAL ASSISTANCE

2009-2010 Academic Year

*This application is primarily used for Indiana University School of Medicine (IUSM) scholarship considerations. Medical students applying for federal aid considerations (i.e., Direct Loan Subsidized and Unsubsidized Stafford Loans and the Direct Loan Graduate PLUS Loan) will be required to additionally submit the **Free Application for Federal Student Aid (FAFSA)**. The FAFSA is also required for medical students who wish to be considered for IUSM financial need-based scholarships. Many of these considerations are made in June and are separate from the merit or recruitment scholarships determined during the admissions process.*

The receipt of any IUSM scholarship funding is contingent upon: (1) the student application when required, (2) the criteria of the scholarship award, and (3) the student maintaining good academic standing during the entire preceding academic year. The definition of good academic standing, as used by the IUSM Scholarship Committee, is a student who is not on academic probation for any reason.

PLEASE PRINT

NAME: _____
(Last) (First) (M.I.)

Parent's Mailing Address: (when necessary, we will use this address as an alternative address)

(Street) (City) (State) (Zip)

(Area Code) (Telephone Number)

E-Mail Address: _____

Our office communicates exclusively through e-mail. Please designate the e-mail address where you wish to receive important communications. We will later communicate through the IUSM Class listserv constructed specifically for your class.

In some situations, IUSM scholarships have donor specificity. This information below will help us create eligibility lists for the scholarship specificity using these criteria.

County: _____ **State:** _____

High School: _____
(Name) (City) (County) (State)

Croatian Ancestry: (Circle One) **Yes No**

Do you have any physical disabilities: (Circle One) **Yes No**

Are you a member of Delta Gamma or Phi Gamma Delta: (Circle One) **Yes No**

Student's Marital Status: (Circle One) **Unmarried Married**

Number of children that are dependent on you for support in your immediate household: _____

List the total amount of any **undergraduate** or **graduate** non-IU School of Medicine educational loans received **BEFORE** entering the Indiana University School of Medicine.

Federal Perkins Student Loan	\$ _____
Federal Subsidized Stafford Loan (Lender-based or Direct Loans)	\$ _____
Federal Unsubsidized Stafford Loan (Lender-based or Direct Loans)	\$ _____
Federal Graduate PLUS Loan	\$ _____
Institutional (School-funded) Loans	\$ _____
Other (Outside-funded) Loans	\$ _____
TOTAL:	\$ _____

If applicable, indicate if you have **applied** for and/or have been **awarded** any scholarships from outside the medical school or non-school organizations to be applied toward your medical school education.

Armed Forces Health Professions Scholarship Program	\$ _____
National Health Service Corp/Indian Health Service	\$ _____
Other (e.g., church or fraternal organizations, community foundations, etc . . .)	\$ _____

If other, please provide the name(s) of the outside organization(s) or scholarship:

*I affirm that the information submitted as part of this application is complete and correct. I agree to report any additions or changes in this information to **MSA-STUDENT FINANCIAL SERVICES**.*

Signature: _____ **Date:** _____

The above signature is **REQUIRED**. Failure to sign will result in the application being returned.

*I, _____, hereby give my permission to **MSA-STUDENT FINANCIAL SERVICES** to release information on this application, academic records, recommendations, and financial data to non-University groups for the purpose of additional financial aid or scholarship consideration.*

Please Return to: Indiana University School of Medicine
MSA-Student Financial Services
635 Barnhill Drive - MS 119
Indianapolis, IN 46202-5120
FAX: (317) 278-2691

PRIORITY DATE: May 31, 2009

As an alternative to mailing this form, please send as a PDF format attachment or scanned document to jespada@iupui.edu.