**PLEASE READ CAREFULLY BEFORE COMPLETION OF THIS FORM**

FINANCIAL AID OFFICE
MEDICAL COLLEGE OF WISCONSIN
CHECKLIST FOR COMPLETION OF FINANCIAL AID
FOR 2013-2014 ACADEMIC YEAR

This checklist will apprise you of the documents you are required to complete to be considered for financial aid.

1. If you want to be considered for the Federal Direct Unsubsidized and Grad Plus Loan programs as well as Institutional Aid (Institutional Aid is money donated to the college and is comprised of scholarships and loans that are interest free and deferred throughout school and residency), you will need to complete the following:

   - FAFSA-Parent Information Section: If you want to be considered for need-based Institutional Aid, you are required to answer the parental questions on the FAFSA. You are required to contact your parents for this information. If your parents are not married to each other, please contact the parent that gives you the most emotional and/or financial support for their information.
   - Financial Aid Application (FAA)- Medical Student Version
   - Provide a signed copy of your 2012 Federal Income Tax Return (Form 1040-Pages 1 & 2 only, 1040A or 1040EZ). If you and your spouse did not file a 2012 Federal Income Tax Return, both of you will be required to complete a Non-Tax Filer Statement from the Financial Aid Office website.

   Example:
   - Signed and dated copy of 2012 Federal Tax Form for you (and spouse if joint return)
   - Signed and dated copy of 2012 Federal Tax Form for your spouse (if filed separately)
   - Signed and dated Non-Tax Filer Statement (if you and/or your spouse were not required to file a 2012 Tax Return)

   - Parental Assistance Worksheet: This form must be completed and signed by your parents only. Form can be found under 2013-2014 Required Forms ([www.mcw.edu/medicalschool/financialaid.htm](http://www.mcw.edu/medicalschool/financialaid.htm)) If your parents are not married to each other, please contact the parent that gives you the most emotional and/or financial support for their information.

2. If you only want to be considered for the Federal Direct Unsubsidized and Grad Plus Loan programs, you will need to complete all of the items listed above except for the parental information section on the FAFSA and the Parental Assistance Worksheet.

3. Additional Forms:

   - Credit Report- M-1 (incoming) students only
   - Citizenship Documentation– If you are an eligible non-citizen, you must provide one of the following documents to our office, if you have not done so already:
     - US Passport
     - Certificate of Citizenship
     - Certification of Birth Abroad
     - Certificate of Naturalization
     If you are a permanent resident, you must provide copy of your I-551 card with expiration date or Temporary Form I-551 with appropriate information filled in.

   - Documentation of any Additional and Unusual Expenses

   - Verification Form–To be completed if you are selected for Verification. You will receive this form from the Financial Aid Office. It is not available on our website.
STUDENT INFORMATION:

LAST NAME                            FIRST NAME                           M.I.             MAIDEN NAME

SOC. SECURITY #   DATE OF BIRTH    AMCAS ID#

Year in school for 2013-2014? (circle one)   M-1         M-2         M-3         M-4

Will you complete your degree in 4 years? (circle one)   YES       NO      Estimated Date of Graduation:_____________________

ADDRESS     CITY       STATE            ZIP CODE

*Take into consideration everything mailed from the Financial Aid Office will be sent to the above listed address. Update office with any changes or delays may occur.

PHONE (HOME)                   PHONE (CELLULAR)             MCW E-MAIL ADDRESS

ALT. E-MAIL ADDRESS      DRIVERS LICENSE #          STATE

M-3 OR M-4 PAGER #

Citizenship Status (check one)

___ U.S. Citizen (born in the U.S.)
___ U.S. Citizen (have certificate of citizenship)
___ U.S. Citizen (have certificate of naturalization)
___ Eligible non-citizen (have I-151 or I-551)

Where will you live while attending school? (check one)

___ In parent’s home
___ In a rental unit-list address:

___ In your own home
___ Other (specify)____________________
PARENT/ GUARDIAN INFORMATION:

Parents’ current marital status: (check one)  □ SINGLE  □ MARRIED  □ SEPARATED  □ DIVORCED  □ WIDOWED

Student’s FATHER’s Information:                      MOTHER’s Information:

Name __________________________________________           Name __________________________________________
Address __________________________________________         Address __________________________________________
City/State_________________________________________            City/State_________________________________________
Zip ____________________________                Zip ____________________________
Phone ____________________________             Phone ____________________________

For a complete Financial Aid Application, we need completed Parental Information on the FAFSA and Parental Assistance Worksheet (This form is available from our website under Forms Needed To Apply). If your parents are not married to each other, please contact the parent that gives you the most emotional and/or financial support for their information. It is your responsibility to report all contributions you receive. Please indicate who will be providing this information:

□ Both Parents  □ Father  □ Mother  □ Neither (note: you will not be considered for Institutional Aid**)

**Institutional Aid is money donated to the college and is comprised of scholarships and loans that are interest free and deferred throughout school and residency.

*If only one parent or no parents, please explain: ______________________________________________________

ANSWERS TO THE FOLLOWING QUESTIONS COULD RESULT IN BETTER FINANCIAL AID DOLLARS

Private donors occasionally request that students meet specific criteria in order to receive priority consideration. The following information is used solely to make initial determination of eligibility for such restricted programs. Answers do not affect the final dollar amount of financial aid awards. **PLEASE MAKE YOUR ANSWERS LEGIBLE.** Any answer that is not legible will be considered incomplete.

Will your practice predominantly serve persons who are developmentally disabled or handicapped? (circle one)   YES   NO

Field of medicine you intend to practice: __________________________

Religious Preference: __________________________

High School you attended: __________________________________

NAME OF SCHOOL                    COUNTY               CITY  STATE

What was the primary language spoken in your home? __________________________

Did you overcome an educational disadvantage? (circle one)   YES   NO

If YES, please explain (attach separate sheet if necessary) : ______________________________________________________

Did you overcome a significant handicap? (circle one)   YES   NO

If YES, please explain (attach separate sheet if necessary) : ______________________________________________________

Did you grow up in a rural area? (circle one)   YES   NO

If YES, where? ______________________________________________

COUNTY/STATE

Are you the first generation in your family to receive a college degree? (circle one)   YES   NO

Do you come from an economically disadvantaged background or did you grow up in poverty? (circle one)   YES   NO

** If you answer YES to the economically disadvantaged question, you MAY BE REQUIRED to submit a copy of your parents 2012 federal tax return. See the Financial Aid Office’s website for income levels of economically disadvantaged. To view income levels, click on Forms Needed To Apply and they are listed in the Financial Aid Application Instructions.
Marital Status: (check one) □ SINGLE □ MARRIED □ SEPARATED □ PLANNING TO MARRY

If planning to marry, please list wedding date: ____________________________
If planning to marry, please list future spouse’s name: ____________________________

Family Information:
List all of the people in your household. You should include:
1.) Yourself
2.) Your spouse/future spouse
3.) Your children, if you will provide more than half of their support from July 1, 2013 through June 30, 2014.
4.) Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2013 through June 30, 2014 (may include unborn children if born before June 30, 2014).

DO NOT INCLUDE YOUR PARENTS AND SIBLINGS UNLESS YOU SUPPORT THEM!
*If anyone in YOUR household will be in college at least half time between July 1, 2013 through June 30, 2014 and will be enrolled in a degree or certificate program, list the school they will be attending.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SELF</td>
<td>MEDICAL COLLEGE OF WI</td>
</tr>
</tbody>
</table>

**If you need additional space for household members, please attach a separate sheet of paper to this application including those members.

If spouse/future spouse will be attending school in 2013-2014 will he/she be:
Applying for Aid? (circle one) YES NO

Full or part time student? (circle one) FULL PART

School they will attend: ____________________________

Please indicate number of expected credits. ____________________________

Will your spouse/future spouse work during 2013-2014? (circle one) YES NO

If no, provide explanation: ____________________________

Spouse’s/future spouse’s occupation: ____________________________

Employer: ____________________________

Your spouse’s/future spouse’s estimated 2013-2014 gross earnings $ ____________________________ Total

Are you expecting a child during 2013-2014? (circle one) YES NO

*If yes, what is the child’s due date? ____________________________

Childcare arrangements: ___ day care center ___ private sitter ___ other Specify: ____________________________

Total monthly cost for childcare? $ ____________________________

Will you need financial aid to cover your childcare expenses during 2013-2014? (circle one) YES NO

**In order to fund child care, verification of enrollment and cost is required. This form is available and can be printed from our website at www.mcw.edu/medicalschool/financialaid.htm under Forms Needed To Apply.
Student Resource Information (Use Zero if not applicable)

Estimated 2013-2014 gross earnings: $____________________________ total

Rent/mortgage amount? $________________________per month Your portion of rent/mortgage?: $________________________per month

Do you live in subsidized housing**? YES NO

**Subsidized housing is government supported accommodation for people with low to moderate incomes. Forms of subsidies include direct housing subsidies, non-profit housing, public housing, rent supplements and some forms of co-operative and private sector housing.

Do you own your home? YES NO If yes, what is the value? $____________ How much do you owe on your home? $_______

Are you being claimed as a dependent on your parent’s 2012 tax return? (circle one) YES NO

* The IRS defines a dependent as receiving 50% or more of their support from the person claiming them.

Amount of assistance you received from your parents for tuition, living expenses, etc. for 2012-2013: $____________ total

Will you be claimed as a dependent on your parent’s 2013 tax return? (circle one) YES NO

Amount of assistance from your parents for tuition, living expenses, etc. for 2013-2014: $____________ total

Assistance from others: $____________ total Relationship: ____________________________

Have you applied to or been accepted into any of the following programs:

National Health Service Corp: ___ Did not apply ___ Applied ___Accepted Current status: ________________

Armed Forces Professions Scholarship: ___ Did not apply ___Applied ___Accepted Branch: ________________

* List all private scholarship, loan, or grant programs to which you are applying (Do not include federal financial aid or MCW programs): If you do receive any outside awards, please notify our office as soon as possible.

Name of Program: Amount: Application approved? Check one: ___ scholarship ___ loan

_________________________ ___________________________ _____________________________

_________________________ ___________________________ _____________________________

_________________________ ___________________________ _____________________________

_________________________ ___________________________ _____________________________

Student Expenses:

1. Do you plan to purchase health insurance through MCW? (check one)
   ___ Yes, single coverage.
   ___ No, I am covered on another policy. (spouse or parent only)
   Whose policy are you covered on?
   This person’s relationship to you: ______________________________________

2. Year, make and model of the car you drive: ________________________________

3. Total amount still owed on this vehicle: $____________ Monthly payment: $________________________

4. Total credit card debt: $________________________ Monthly payment: $________________________

5. How many times do you plan on visiting your parents during the academic year? ______________

6. Will you be required to make payments on any educational loans while in attendance at MCW? (circle one) YES NO

   If yes, list amount: $____________

Itemize and explain any additional unusual expenses you will incur during the 2013-2014 academic year that you would like to have reviewed. You must attach documentation for each expense you list. (Do NOT submit original documents—submit photocopies only).
STATEMENT OF AUTHORIZATION AND UNDERSTANDING

I, the undersigned, hereby certify that the financial aid I am requesting through the Medical College of Wisconsin is essential to enable me to attend the College, and that the information submitted on all forms by all parties is true and accurate to the best of my knowledge.

I authorize the Financial Aid Office to discuss my application and my financial situation with, and to obtain necessary information from, appropriate institutions or agencies, should that be necessary to determine my eligibility for aid to attend the Medical College of Wisconsin.

I also authorize the Financial Aid Office to release information concerning my application and any aid I receive to any federal, state, or private agency that requests such information for the purpose of considering me for other types of financial assistance.

I UNDERSTAND THAT:

1. If I am a new applicant in 2013-2014, in order to matriculate I must comply with the MCW Credit Report Policy.
2. I, and/or my spouse may be asked to provide additional information and clarification of my financial situation, and will do so promptly.
3. I, and/or my spouse may be asked to provide verification of specific data elements on my application forms through submission of additional supporting documents, and will do so promptly.
4. No processing will be done on my application until the Financial Aid Office has received the required federal tax returns.
5. With the exception of the specific authorizations stated above, the information that I, and/or my parents, and/or my spouse provide on financial aid applications is confidential. Any federal, state, or private reports compiled by the Financial Aid Office will not identify me personally in any way.
6. I understand that my parent(s) may be contacted if they provide their financial information so that I can be considered for Institutional Aid.
7. Financial aid is provided solely on the basis of documented financial need. Any changes in my expenses or resources for the academic year, or any other change which may affect my financial situation, must be reported in writing to the Financial Aid Office. I understand that said information may result in a revision of the amount of aid I receive and/or a request for repayment of funds already advanced.
8. Any financial aid I receive for attendance at the Medical College of Wisconsin must be applied first to my outstanding tuition balance. Amounts received over the amount of tuition due will be provided to me for basic living expenses associated with my enrollment.
9. I must report any financial assistance I receive from any source other than the Medical College of Wisconsin to the Financial Aid Office.
10. I must report the receipt of any checks sent directly to me (such as private loans or scholarships) to the Financial Aid Office immediately upon receipt.
11. The Financial Aid Office will not respond to credit information requests from outside parties (i.e., landlords) unless I file a written request in advance of the specific release of such information.
12. I understand that the Financial Aid Office has the right to change my financial aid package at any time if additional information or circumstances warrant the change.
13. I understand that I am responsible for reading all financial aid material received written or via e-mail.
14. I understand that my parents and/or my spouse can not sign my name on any form and I understand I cannot sign my parents name on any form.
15. I understand that if I receive institutional aid that requires a letter of appreciation, I will not receive any aid until I provide the statement.
16. I understand that reporting false information on financial aid forms is a violation of the Higher Education Act 490 (a) & (b) and subject to a fine and imprisonment under provisions of the U. S. Criminal Code.

SIGN THIS FORM

By signing this form, I certify that all the information reported is complete and correct. By signing this form I also acknowledge that I have read the above Statement of Authorization and Understanding.


Student Signature ___________________ Date ______________

Please return this form to:
The Financial Aid Office
Medical College of Wisconsin
8701 Watertown Plank Rd
P.O. Box 26509
Milwaukee, WI 53226