This checklist will apprise you of the documents you are required to complete to be considered for financial aid. You must be a degree seeking student to be eligible for federal student aid at the Medical College of Wisconsin. Certificate seeking students are not eligible.

1. If you want to be considered for the Federal Direct Unsubsidized and Grad Plus Loan programs, you will need to complete the following:

- Financial Aid Application- Graduate Student Version (FAA)
- Provide a copy of your 2013 Federal Income Tax Return (Form 1040-Pages 1 & 2 only, 1040A or 1040EZ). If you and your spouse did not file a 2013 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 2013 Federal Tax Form for you (and spouse if joint return)
  - Signed and dated copy of 2013 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 2013 Tax Return)

2. Additional Forms:

- 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 ___________ ______

Estimated Date of Graduation: (Month) ___________ (Year) ___________

Are you a MSTP (Medical Scientist Training Program) Student? (circle one) YES NO

Are you taking coursework via Distance Learning: (circle one) YES NO

Are you accepted as a degree seeking student? (circle one) YES NO
Note: You must be accepted as a degree seeking student to qualify for Federal Financial Aid.

ADDRESS ___________________________ ___________ ______________________

CITY __________________ STATE ________ ZIP CODE ______

@mcw.edu

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

ALT. E-MAIL ADDRESS ______________________

Citizenship Status: Where will you live while attending school?

___ U.S. Citizen (born in the U.S.) ______ In parents’ home

___ U.S. Citizen (have certificate of citizenship) ______ In your own home

___ U.S. Citizen (have certificate of naturalization) ______ In a rental unit – list address ______________________

___ Eligible non-citizen (have I-151 or I-551)

___ Other (specify) ______________________

Periods of expected enrollment for 2014-2015 (Note: You must be enrolled on at least a half time basis to be considered for aid.)

Fall Semester (start date): ___________________________ Number of credits: ___________________________

Spring Semester (start date): __________________________ Number of credits: ___________________________

Summer Term (start date): ___________________________ Number of credits: ___________________________

Degree you are pursuing: ___________________________

Department: ___________________________

Are you receiving a stipend? (circle one) YES NO
Verification of Household Information during 2014-2015: Student Information

Marital Status: (check one) □ UNMARRIED □ MARRIED □ SEPARATED □ DIVORCED
□ WIDOWED □ 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
3.) Your children, if you will provide more than half of their support from July 1, 2014 through June 30, 2015.
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, 2014 through June 30, 2015 (may include unborn children if born before June 30, 2015).

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, 2014 through June 30, 2015 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 WISCONSIN</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 2014-2015 will he/she be:
Applying for Aid? (circle one) YES NO
Full or part time student? (circle one) FULL PART
Please indicate number of expected credits: ____________________________
School they will attend: ____________________________

Will your spouse/future spouse work during 2014-2015? (circle one) YES NO
If no, provide explanation: ____________________________
Spouse’s/future spouse’s Occupation: ____________________________
Employer: ____________________________

Your spouse’s/future spouse’s estimated 2014-2015 school year gross earnings $ ____________________________ Total

Are you expecting a child during 2014-2015? (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 2014 -2015? (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 under Forms Needed To Apply.

PARENT/ GUARDIAN INFORMATION:

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

Student’s FATHER’s Information:
Name ____________________________
Address ____________________________
City/State/ZIP ____________________________
Phone ____________________________

MOTHER’s Information:
Name ____________________________
Address ____________________________
City/State/ZIP ____________________________
Phone ____________________________

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Student Resource Information (Use Zero if not applicable)

Are you being claimed as a dependent on your parents’ 2013 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 2013-2014: $ ____________________ Total

Will you be claimed as a dependent on your parents’ 2014 tax return? (circle one) YES NO

Amount of assistance from your parents for tuition, living expenses, etc. for 2014-2015: $ ____________________ Total

Amount of assistance from others: $ ____________ Total Relationship: _____________________________

Estimated 2014-2015 school year gross earnings: $ ____________________ Total

How much do you pay for 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 eligible to receive employer reimbursement for the 2014-2015 school year? (circle one) YES NO

If yes, amount of reimbursement $ ____________________ Name of employer: ____________________

Note: You must report the amount received immediately upon reimbursement from your employer.

List all private scholarship or loan programs to which you are applying (Do not include Federal Financial Aid): 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

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

Student Expenses:

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: ____________________

Year, make and model of the car you drive: ____________________

Total amount still owed on this vehicle: $ ____________________ Monthly payment: $ ____________________

Total credit card debt: $ ____________________ Monthly payment: $ ____________________

How many times do you plan on visiting your parents during the academic year? ____________

Itemize and explain any additional unusual expenses you will incur during the 2014-2015 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). We have provided room below to list these expenses, if any additional room is needed please attach a separate sheet.
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. I, and/or my spouse may be asked to provide additional information and clarification of my financial situation, and will do so promptly.
2. 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.
3. No processing will be done on my application until the Financial Aid Office has received the required Federal tax returns.
4. 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.
5. 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.
6. 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.
7. I must report any financial assistance I receive from any source other than the Medical College of Wisconsin to the Financial Aid Office.
8. I must report the receipt of any checks sent directly to me (such as private loans, scholarships or tuition reimbursement) to the Financial Aid Office immediately upon receipt.
9. 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.
10. 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.
11. I understand that I am responsible for reading all financial aid material received written or via e-mail.
12. I understand that my parents and/or my spouse cannot sign my name on any form.
13. I understand that if I am relying on financial aid to cover my billing expenses at the Medical College of Wisconsin I must have all required forms in the Financial Aid Office by July 1, 2014 for fall term, November 15, 2014 for spring term, and March 16, 2015 for the summer term. If my application is completed after this date another form of payment may be required to complete the registration process.
14. I understand if I am receiving employer reimbursement I must notify the Financial Aid Office immediately upon receipt of the reimbursement from my employer and that failure to do so may result in aid for future terms being denied.
15. 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.

I UNDERSTAND THAT IF I AM DEPENDENT ON FINANCIAL AID TO COVER MY TUITION AND FEES ALL FORMS MUST BE RECEIVED IN THE FINANCIAL AID OFFICE PRIOR TO JULY 1, 2014 FOR FALL TERM, NOVEMBER 15, 2014 FOR SPRING TERM, AND MARCH 16, 2015 FOR THE SUMMER TERM.

_________________________  _______________________
Student Signature          Date

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

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