



CERTIFICATION OF FINANCES
CONFIDENTIAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SS Number: _____

All funding sources listed below must be accompanied by official documentation showing proof of assets or the assets of your parents or sponsors.

Student Sources of Funds	Assured Support	Projected Support	Projected Support	Projected Support
	First Year of Medical School	Second Year	Third Year	Fourth year
Personal Savings/Assets:	\$ _____	\$ _____	\$ _____	\$ _____
Parental Support:	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor Support: (money available from sources other than parents)	\$ _____	\$ _____	\$ _____	\$ _____
Any Other Source of Financial Support:	\$ _____	\$ _____	\$ _____	\$ _____
Total Support From All Sources:	\$ _____	\$ _____	\$ _____	\$ _____

APPLICANT INFORMATION

Occupation: _____

Employer: _____

Marital Status: _____

Spouse's Name: _____

Occupation: _____

Employer: _____

APPLICANT INFORMATION Continued

Applicant's Dependents:

Name:	Relationship:	Age:	If in School, College Attended:	Financial support provided by you:
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

PARENT INFORMATION

Father's Name: _____

Occupation: _____

Employer: _____

Mother's Name: _____

Occupation: _____

Employer: _____

Parent's Marital Status: _____

Dependents of your parents:

Name:	Relationship to parents:	Age:	If in School, College Attended:	Financial support provided by family:
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

SPONSOR INFORMATION

Name: _____

Occupation: _____

Employer: _____

FINANCIAL INFORMATION

All financial information must be provided in **U.S. dollars**.

Sources of Income	Actual Income last year 20____	Estimated Income this year 20____	Estimated Income next year 20____
Applicant:	\$ _____	\$ _____	\$ _____
Father:	\$ _____	\$ _____	\$ _____
Mother:	\$ _____	\$ _____	\$ _____
Sponsor:	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

The primary source of family income is from: ___ Salary/wages ___ Family owned business/farm ___ other

Does your family own its own home? ___ yes ___ no

If yes, How much is currently owed on the purchase price? \$ _____

What is the home's present value? \$ _____

Family Assets:	Applicant	Parents or Sponsor
Land and buildings (other than home):	\$ _____	\$ _____
Savings:	\$ _____	\$ _____
Investments (stocks and bonds):	\$ _____	\$ _____
Money owed to your family (provide explanation below):	\$ _____	\$ _____
Other (explain below):	\$ _____	\$ _____
Total:	\$ _____	\$ _____

Family Budget (average amounts per year):	Applicant	Parents or Sponsor
Food:	\$ _____	\$ _____
Clothing:	\$ _____	\$ _____
Housing (rent or mortgage payments):	\$ _____	\$ _____
Taxes:	\$ _____	\$ _____
Other (explain below):	\$ _____	\$ _____
Total:	\$ _____	\$ _____

Explanation:

CERTIFICATION

- I certify that the information on this form is true, correct and complete.
- I understand that any misrepresentation may be cause for refusing or revoking my admission.
- I understand that I must provide official signed documentation for all financial holdings (i.e. investment statements, letters from bank officials, etc.)
- I understand that I must provide an official letter from my employer indicating the salary I have earned for the previous year. The amount reported must be reported in U.S. dollars.
- I understand that the Office of Student Financial Services has the right to request additional documentation at anytime before my Certification of Finances has been approved.
- I understand that the decision of the Director of the Office of Student Financial Services is final.

Applicant's signature: _____
Date: _____

- I certify that the information on this form is true, correct and complete
- I understand that any misrepresentation may be cause for refusing or revoking the applicant's admission.
- I understand that I must provide official signed documentation for all financial holdings (i.e. investment statements, letters from bank officials, etc.)
- I understand that I must provide an official letter from my employer indicating the salary I have earned for the previous year. The amount reported must be reported in U.S. dollars.

Father's signature: _____
Date: _____

Mother's signature: _____
Date: _____

Sponsor's signature: _____
Date: _____

Questions regarding this form should be directed to the
Office of Student Financial Services at 414-955-8208
or finaid@mcw.edu.

Return the Certification of Finances to:

Medical College of Wisconsin
Financial Aid Office
8701 Watertown Plank Rd.
Milwaukee, WI 53226