

UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE
2005-2006 Financial Aid Request Form
First-Year/Transfer Students

NAME (Print Full Name)

SOCIAL SECURITY NUMBER

SUMMER ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

PLEASE PUT A \checkmark BESIDE THE LOAN(S) YOU ARE REQUESTING AND LIST THE NAME OF THE LENDER:

<input type="checkbox"/> I wish to apply for:	
\$ _____ Federal Subsidized Stafford Loan Amount (Max \$8,500/yr)	Lender or Loan Program Name
\$ _____ Federal Unsubsidized Stafford Loan Amount (cost of attendance minus subsidized loan amount)*	Lender or Loan Program Name

I wish to apply for **Medloans Stafford Loan** you must designate one of the following options:

I wish to use the **Federal Stafford Loan Classic Plan**
 (refer to the 2005-06 terms & conditions/borrower benefits for clarification—this plan deducts a 3% origination fee from the proceeds of the loan)

I wish to use the **Federal Stafford Loan Zero Fees Plan**
 (refer to the 2005-06 terms & conditions/Borrower Benefits for clarification)

I wish to apply for the **Ford Federal Direct Student Loan** (borrow direct from U.S. Department of Education):

\$ _____ **Subsidized Direct Loan** Amount
(Max \$8,500/yr)

\$ _____ **Unsubsidized Direct Loan** Amount
(cost of attendance minus subsidized loan amount)*

I have outstanding Direct Loans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, list the school where you were enrolled			
I have outstanding Stafford Loans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, list the lender name(s)			
Have you previously been enrolled in a Health Professions School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, did you receive financial aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

*Refer to Cost of Attendance (budgets)

PLEASE NOTE the dates of the loan period as follows:	1 st Year Students	8/1/05 to 6/30/06
	2 nd Year Students	8/8/05 to 5/5/06
	3 rd Year Students	7/28/05 to 7/14/06
	4 th Year Students	8/1/05 to 5/13/06
		8/29/05 to 5/13/06

Spouse Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
Place of Employment				
Spouse Enrolled in College	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
Name of College	Spouse Name			
Residency Status for tuition payment 2005-2006	Kentucky Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>		
Are you applying for residency change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Year enrollment in 2005-2006	1 st Year <input type="checkbox"/>	2 nd Year <input type="checkbox"/>	3 rd Year <input type="checkbox"/>	4 th Year <input type="checkbox"/>
Will you be enrolled in a reduced curriculum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
During the 2005-06 academic year I will live with my parents	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If you are a first time borrower, please list below the college(s) that you have previously attended.				

****complete Reverse Side****

List below any unusual expenditures you will incur during the 2005-2006 academic year which are not included in the standard student budget. Please explain these items, i.e. medical expenses due to an illness, etc. Please list your Health Insurance Agency and cost if you have a family plan and/or pay a higher premium due to your age (35 or older) or due to an existing health problem. You must be able to document these expenses, if you are requesting additional funding for them. **If this space is not sufficient for your expense item(s), please request a "Budget Adjustment Form".**

For Student With Dependent Children Only: I will I will not have child care expenses during the 2005-2006 academic year (limited only to students whose spouse is employed or single students with a dependent(s)). **Please note that you must document child care expense, if you want it included in the budget.**

	No of Children	Ages
Full-Time Day Care		
After School Day Care		

I am applying for and/or receiving funds for the 2005-2006 academic year from outside resources (fellowships, awards from your community, Armed Forces, NHSC, etc.) as listed below:

Source	\$	Semester <input type="checkbox"/>	Annual <input type="checkbox"/>	
		Renewable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Source	\$	Semester <input type="checkbox"/>	Annual <input type="checkbox"/>	
		Renewable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Source	\$	Semester <input type="checkbox"/>	Annual <input type="checkbox"/>	
		Renewable	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DISCLOSURE STATEMENT OF INFORMATION

I understand that all sources of loans and scholarships not awarded and/or disbursed by the College of Medicine (private) must be reported for the school's determination of eligibility for federal financial assistance. Furthermore, I understand that my failure to include all potential resources in my application for federal financial assistance will be viewed as fraudulent and appropriate action will be taken by the College of Medicine.

Signature _____ Date _____

E-Mail Address _____