



**Financial Aid Institutional Application  
2008-2009**

Priority Application Date: March 15, 2008

**Section A Student Biographical Information**

Applicants who wish to be considered for need-based financial assistance from the Johns Hopkins University School of Medicine must complete and sign this form in addition to completing the Free Application for Federal Student Aid (FAFSA) and the Need Access application.

1. Name: \_\_\_\_\_  
Last First M.I.
2. Maiden Name (if applicable): \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. Age as of January 1, 2008: \_\_\_\_\_
6. Are you married?  Yes  No If yes, date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Do you have children that you support?  Yes  No If yes, how many? \_\_\_\_\_
8. During the 2008-2009 academic year, where do you plan to live?  
 with parents  on campus  apt. off campus, single  apt. off campus, shared  own home
9. Amount of monthly rent or mortgage payment: \_\_\_\_\_
10. Will you have use of a car?  Yes  No Make & Model: \_\_\_\_\_  
Year of Car: \_\_\_\_\_ Value of car: \_\_\_\_\_ Annual Insurance Premium: \_\_\_\_\_  
Registered Owner and Address: \_\_\_\_\_  
\_\_\_\_\_
11. Citizenship Status:  
 U.S. Citizen  
 Permanent Resident (answer below)  
Have you submitted your proof of permanent residency status to the Financial Aid office?  Yes  No
12. Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_
13. JHMI Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

**Section B Enrollment Information**

14. Year in Program:  1st  2nd  3rd  4th  Other: \_\_\_\_\_
15. Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year
16. Program Type:  MD  MD/PhD  MA/MD  PhD  MA  MS
17. Graduate Department: \_\_\_\_\_  
For PhD, MA/MD students on MA track, and MD/PhD students on PhD track (e.g. BCMB)



**Section H Student Authorization**

27. Release of Information

I understand that my financial record will be retained with the utmost confidentiality in accordance with the Federal Education Rights and Privacy Act (FERPA). As such, I authorize the Financial Aid Office to discuss the status of my application and awards with the following person(s):

Name	Relationship

**Tuition Statement:** As per federal regulations, your Federal Title IV financial aid funds will automatically be applied to your charges for tuition, mandatory fees and room and board. Other charges due to JHU SOM may also be drawn from these funds.

\_\_\_ Check to confirm you have read the above statement

I certify that the information provided on this application is true and complete. I agree to notify the Financial Aid Office of any changes. I understand that I must re-apply for financial aid each year.

*Application not valid without signature.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Submit application to:

The Johns Hopkins University  
School Of Medicine  
Broadway Research Building  
Office of Financial Aid  
733 North Broadway Suite 137  
Baltimore, Maryland 21205

Phone: (410) 955-1324

Fax: (410) 955-0544

Email: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)

Website: <http://www.hopkinsmedicine.org/som/offices/finaid/index.html>