



**Financial Aid Institutional Application
2011-2012**

Priority Application Date: March 15, 2011

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, 2011: _____
6. During the 2011-2012 academic year, where do you plan to live?
 on campus apt. off campus, single apt. off campus, shared own home
7. Amount of monthly rent or mortgage payment: _____

Section B Enrollment Information

8. Anticipated Graduation Date: ____/____
Month Year
9. Interested Discipline:
 Pediatrics Surgery Neurology Radiology OB/GYN Primary Care Dermatology Geriatrics
 Undecided Other _____

Section C Sibling/Spouse Enrollment Information

10. Do you have any siblings who will be enrolled full-time in a degree seeking program for the 2011-2012 academic year **AND who receive support from one or both of your parents?** Yes No

For siblings who meet BOTH criteria, complete the following:

Name	Age	Name of College	Grad. Date

11. If your spouse will be enrolled full-time in a degree seeking program for the 2011-2012 academic year, please complete the following:

_____ Name of College _____ Grad. Date _____
Spouse's Name

Section D Student Authorization

12. 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
Student Financial Aid Services
Reed Hall - Suite 427
1620 McElderry St.
Baltimore, Maryland 21205-1911
Phone: (410) 955-1324
Fax: (410) 614-3730
Email: finaid@jhmi.edu
Website: <http://www.hopkinsmedicine.org/financialaid>