

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 PhD MA MS
17. Graduate Department: _____

26. State of legal residence: _____

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

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