



**Financial Aid Institutional Application
2012-2013**
Priority Application Date: March 15, 2012

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, 2012: _____
6. For new incoming students only. Please provide your current email address: _____
7. Amount of monthly rent or mortgage payment: _____

Section B Enrollment Information

8. Program of study: MD MD/PhD PhD MA MS Certificate
9. Anticipated Graduation Date: ____/____/____
Month Year
10. Interested Discipline:
 Pediatrics Surgery Neurology Radiology OB/GYN Primary Care Dermatology
 Geriatrics Undecided Other _____

Section C Sibling/Spouse Enrollment Information

11. Do you have any siblings who will be enrolled full-time in a degree seeking program for the 2012-2013 academic year **AND who receive support from one or both of your parents?**

For siblings who meet BOTH criteria, complete the following:

Name	Date of Birth	Age	Name of College	Grad. Date

12. If your spouse will be enrolled full-time in a degree seeking program for the 2012-2013 academic year, please complete the following:

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

Section D Student Authorization

13. 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:

Scan & email to: finaid@jhmi.edu

Fax: (410) 614-3730

Mail: Student Financial Aid Services

Reed Hall - Suite 427

1620 McElderry St.

Baltimore, Maryland 21205-1911

Ph: (410) 955-1324

Web: <http://www.hopkinsmedicine.org/financialaid>