2017 – 2018
Application for Financial Aid
Tufts University School of Medicine
Masters and PhD Students
Office of Financial Aid
136 Harrison Avenue, Boston, MA 02111
(Walk-in Address 145 Harrison)
Telephone # 617-636-6574 • Fax # 617-636-3447
Email: med-finaid@tufts.edu
Website: medicine.tufts.edu/finaid

All students interested in applying for any type of financial assistance must complete this application. Please do not leave any question blank. Please indicate $0 when applicable or "n/a" if a question is not applicable.

- Incoming Student
- Returning Student

Full Name
S.S. #
TUSM ID# (if known, otherwise leave blank)

Permanent Address

Permanent Phone #
Email Address
Date of Birth

Please choose your program of study and indicate enrollment plans:

Public Health and Professional Degrees:
- Master’s programs (MPH, MBS/MPH, BA/MPH, JD/MPH, DMD/MPH, PA/MPH, Health Communication, BA/HCOM, PREP, Dev. & Reg. of Medicines and Devices (DRMD)
  - Fall # credits*  
  - Spring # credits*  

- MBS
- MBS/MBA
- Physician Assistant
- DrPH: full time half time

Friedman School of Nutrition programs:
- MS or PhD (FPAN, AFE, NNC, BMN, NEPI)  
- full-time half-time

- Master of Nutrition Science and Policy (BLEND-MNSP)
  - # credits fall
  - # credits spring

- MS-Nutrition/MPH combined degree program: full-time half-time
  - Fall enrollment:
  - Spring enrollment:

Sackler School of Graduate Biomedical Science programs:
- PhD
- MS (Pharm. & Drug Dev., CTSI)  
- full-time half-time
If your credits or enrollment change, you must notify the Office of Financial Aid immediately.

If you plan to enroll in classes or complete your thesis during the summer of 2018, please note that there is a separate summer financial aid application that will be available in the spring of 2018.


2. New Applicants Only. Please indicate total debt from PRIOR educational loans that remain outstanding. Include amounts borrowed from federal and private loans. Only include loans for which the STUDENT is the borrower.
   Federal  $______________________________  Private  $______________________________

3. Fill in the name, age and relationship of the people you (and your spouse) will support between July 1, 2017 and June 30, 2018.

   Include yourself, your spouse and any DEPENDENT children regardless of whether they are enrolled in college. If you are single and support no one else, just list yourself below. Include other people only if they live with and receive more than half of their support from you at the time you completed this application and will continue to receive this support. If a household member attends a post-secondary school, please list the institution that they will attend ONLY if they are working towards a degree or certificate in 2017-18 and will be enrolled at least half-time.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to TUSM student</th>
<th>College Attending 2017/2018 (if any)</th>
<th>Graduation Date</th>
<th>% of support provided in 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>(I.e. You—the student)</td>
<td>23</td>
<td>Self</td>
<td>Tufts University School of Medicine</td>
<td>May 2021</td>
<td>100%</td>
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4. Tax Filing Status- please check one:

□ I/we are required to file a 2015 Federal Income Tax Return

□ I/we did not file and was (were) not required to file a 2015 Federal income tax return. I have completed the information below for all untaxed income that was received in calendar year 2015.

If you (and your spouse) are not required to file a federal income tax return in 2015, list below any income you (and your spouse) received in 2015 and the employer's name (if no income was earned indicate zero):

<table>
<thead>
<tr>
<th>Income</th>
<th>Employer</th>
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5. Untaxed Income or Benefit:

   a) Did you or your spouse receive untaxed Social Security benefits in calendar year 2015?
      □ No    □ Yes  Amount $_________

   b) Did you or your spouse receive any SNAP Benefits (Supplemental Nutrition Assistance Program) in 2015?
      □ No    □ Yes  Amount $_________

   c) Did you or your spouse receive child support in calendar year 2015?
      □ No    □ Yes  Amount $_________

   d) Did you or your spouse receive any other untaxed income in calendar year 2015 not listed above?
      □ No    □ Yes  Amount $_________

      If yes, list source(s) and amount(s) below (attach a separate sheet if necessary):

      | Source | Amount |
      |--------|--------|
      |        |        |
6. Did you or your spouse pay child support in calendar year 2015? □ No □ Yes Amount $________

Name of person to whom you made payment: ____________________________________________

Name(s) of child(ren) for whom support was paid: ______________________________________

7. Did you earn income from the Federal Work-Study program in calendar year 2015? □ No □ Yes

If yes, list amount earned in 2015: $ __________________ Please list employer’s name: ________________________

8. If you are interested in Federal Work-Study, please check here □

Please visit the Student Employment website for more information at: http://students.tufts.edu/financial-services/student-employment. Students will be responsible to find employment that meets Federal Work Study requirements.

9. Please indicate other expected sources of aid (loan and/or gift) during 2017 – 2018. Do not include ANY aid that you expect to be awarded by TUSM (including but not limited to Tufts institutional scholarships and loans, Direct Unsubsidized, Direct Grad PLUS)

□ Loan □ Scholarship/Grant □ Tufts Tuition Remission Amount $: _______ Source: _________________

□ Loan □ Scholarship/Grant □ Tufts Tuition Remission Amount $: _______ Source: _________________

**Note: in the event that you receive outside assistance after completing this application, you must notify the FAO in writing immediately. Outside assistance received after you are awarded may affect your financial aid package.**

I/We have read and understand all of the questions above and have answered them accurately, completely and to the best of my/our knowledge. I, the student, have read and understand my rights and responsibilities as a financial aid recipient. I understand that my financial aid may be adjusted if I do not make satisfactory academic progress or if other changes in my student status occur (i.e. change in enrollment). Any changes that occur after this form is signed will be reported to the Office of Financial Aid. By signing this worksheet, I (we) certify that the information reported to qualify for federal student aid is correct and complete and I (we) will provide all requested documents.

Student’s Signature: ___________________________________________ Date: ____________

(Digital Signature Not Acceptable)

Spouse’s Signature: ___________________________________________ Date: ____________

(Digital Signature Not Acceptable)

*Warning: If you purposely give false or misleading information on any financial aid application materials, you may be fined, sentenced to jail, or both.*

Mail Application to: Tufts University School of Medicine
Office of Financial Aid
136 Harrison Avenue
Boston, MA  02111

Fax Materials to: (617) 636-3447

**Please include student’s name & ID number on each page that is faxed**