2018 – 2019
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-Expected Grad Date: __________

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<tr>
<th>Full Name</th>
<th>S.S. #</th>
<th>TUSM ID# (leave blank if unknown)</th>
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Permanent Address (no PO box)

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<tr>
<th>Permanent Phone #</th>
<th>Cell Phone #</th>
<th>Email Address</th>
<th>Date of Birth</th>
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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*______  *If ALE only, write “ALE” in the space for # of courses

- ☐ MBS
- ☐ MBS/MBA
- ☐ Physician Assistant
- ☐ DrPH:  ☐ 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 2019, please note that there is a separate summer financial aid application that will be available in the spring of 2019.**

### 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:  ☐ Nutrition  or  ☐ MPH  # credits_____  
  Spring enrollment:  ☐ Nutrition  or  ☐ MPH  # credits_____  

### Sackler School of Graduate Biomedical Science programs:
- ☐ PhD
- ☐ MS (Pharm. & Drug Dev., CTSI)  ☐ full-time  ☐ half-time
1. Expected housing status during 2018 – 2019  ☐ On Campus  ☐ Off Campus

2. New Applicants Only: Please indicate total debt from PRIOR educational loans that remain outstanding. Include amounts borrowed from federal and private loans and only when the STUDENT was the borrower.

Federal $______________________________  Private $______________________________

3. Include the name, age and relationship for all people who you will provide more than 50% of total support between 7/1/18 through 6/30/19. Attach a separate page if more space is necessary:
- List only yourself if you are single and support no one else.
- Include yourself, your spouse and any dependent children (regardless of whether or not they are enrolled in college).
- 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.

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<tr>
<th>Name (i.e. You--the student)</th>
<th>Age</th>
<th>Relationship to TUSM student (i.e. self, spouse, etc.)</th>
<th>College Attending 2018/2019 (if any)</th>
<th>Expected Graduation Date</th>
<th>% of total support to be provided in 2018-19</th>
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4. Tax Filing Status- please check one:
☐ I/we are required to file a 2016 Federal Income Tax Return
☐ I/we did not file and was (were) not required to file a 2016 Federal income tax return. I have completed the information below for all untaxed income that was received in calendar year 2016. 

If you (and your spouse) are not required to file a federal income tax return in 2016, list below any income you (and your spouse) received in 2016 and the employer's name (if no income was earned indicate zero):

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<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 2016?
☐ No  ☐ Yes  Amount $_________
b) Did you or your spouse receive any SNAP Benefits (Supplemental Nutrition Assistance Program) in 2016?
☐ No  ☐ Yes  Amount $_________
c) Did you or your spouse receive child support in calendar year 2016?
☐ No  ☐ Yes  Amount $_________
d) Did you or your spouse receive any other untaxed income in calendar year 2016 not listed above?
☐ No  ☐ Yes  (complete chart)

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<th>#Source of Untaxed</th>
<th>*Amount</th>
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e. Did you or your spouse pay child support in calendar year 2016?

- [ ] No
- [x] Yes* (complete chart)

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<tr>
<th>*Name of child for whom support was paid</th>
<th>*Person whom you made payment to</th>
<th>*Amount of child support paid</th>
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6. Did you earn income from the Federal Work-Study program in calendar year 2016?  

- [ ] No
- [ ] Yes

If yes, list amount earned in 2016: $ ______________ Please list employer’s name: __________________________

7. 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.

8. Please indicate other expected sources of aid (loan and/or gift) during 2018 – 2019. Do not include ANY aid that you expect to be awarded by TUSM.

- [ ] Loan
- [ ] Scholarship/Grant

Amount $: ________ Source: __________________________

- [ ] Loan
- [ ] Scholarship/Grant

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. If I/we purposely give false or misleading information on this form or any other financial aid application materials, I/we understand that I/we may be reported to federal and local authorities for fraud.

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**

PLEASE NOTE: IT IS NOT SAFE TO SEND PERSONAL IDENTIFIABLE INFORMATION VIA EMAIL.

WE STRONGLY ENCOURAGE YOU TO PLAN ACCORDINGLY AND FAX OR MAIL PRIOR TO THE DEADLINE.

FAX VOLUME IS HIGHER DURING THE WEEK OF THE DEADLINE AND MAY REQUIRE SEVERAL ATTEMPTS.