



APPLICATION for FINANCIAL ASSISTANCE

2012-2013 Academic Year

*This application is primarily used for Indiana University School of Medicine (IUSM) scholarship considerations. Medical students applying for federal aid considerations (i.e., Direct Loan Federal Unsubsidized Stafford Loans and the Direct Loan Graduate PLUS Loan) will be required to additionally submit the **Free Application for Federal Student Aid (FAFSA)**. **The FAFSA is also required for medical students who wish to be considered for IUSM need-based scholarships. Many of these considerations are made in late June and the considerations are separate from the merit or recruitment scholarships determined during the admissions process (December thru May).***

The receipt of any IUSM scholarships is contingent upon: (1) the student application when required, (2) the criteria of the scholarship award, and (3) the student maintaining good academic standing during the entire preceding academic year. The definition of good academic standing, as used by the IUSM Scholarship Committee, is a student who is not on academic probation for any reason.

NAME:

(Last)

(First)

(M.I.)

Permanent Mailing Address:

(Street)

(City)

(State)

(Zip)

(Area Code)

(Telephone Number)

E-Mail Address:

Our office communicates exclusively through e-mail. Please designate the e-mail address where you wish to receive important communications. We will later communicate through the IUSM Class listserv constructed specifically for your class.

If applicable, indicate if you have applied for and/or have been awarded any scholarships from outside the medical school or non-school organizations to be applied toward your medical school education. Have you applied for the following opportunities?

Armed Forces Health Professions Scholarship Program	Yes	No
National Health Service Corp/Indian Health Service	Yes	No
Other (e.g., church or fraternal organizations, community foundations, etc . . .)	Yes	No

If other, please provide the name(s) of the outside organization(s) or scholarship(s) and their specific amounts:

In some situations, IUSM scholarships have donor specificity where the information below will be used in identifying scholarship eligibility.

Home County:

Home State:

High School:

(Name)

Are you of Croatian Ancestry? Yes No

Do you have any physical disabilities? Yes No

Are you a member of Delta Gamma or Phi Gamma Delta? Yes No

Are you a member of the Lutheran Church Missouri Synod? Yes No

Are you a resident of New Harmony Township in Posey County? Yes No

Are your parents/grandparents wartime veterans (killed, wounded or served)? Yes No

Did you play Division I Sports at Indiana University-Bloomington? Yes No

Are you married? Yes No

Number of dependent children in your immediate household:

List total amounts of any **undergraduate** or **graduate** educational loans disbursed to you **BEFORE** entering the Indiana University School of Medicine.

Federal Perkins Student Loan \$

Federal Subsidized Stafford Loan (Lender-based or Direct Loans) \$

Federal Unsubsidized Stafford Loan (Lender-based or Direct Loans) \$

Federal Graduate PLUS Loan \$

Institutional (School-funded) Loans \$

Other (Outside-funded) Loans \$

TOTAL: \$

I affirm that the information submitted is complete and correct. I agree to report any additions or changes in this information to **MSA-STUDENT FINANCIAL SERVICES**.

I, _____, hereby give my permission to **MSA-STUDENT FINANCIAL SERVICES** to release information on this application, academic records, recommendations, and financial data to non-University groups for the purpose of additional financial aid or scholarship consideration.

Please Return to: IUSM MSA-Student Financial Services
635 Barnhill Drive - MS 166
Indianapolis, IN 46202-5120
FAX: (317) 278-2691

or

PRIORITY DATE: May 31, 2012

Send form as an e-mail attachment to
jespada@iupui.edu.