

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY
FINANCIAL AID APPLICATION FOR 2025-2026: MEDICAL STUDENTS**

Name _____ UR ID# _____ AMCAS# _____
Last First MI

Permanent Address _____

Rochester Address _____

Home Telephone _____ Rochester/Cell Telephone _____

Medical School Class in 2025-2026: Phase 1 Phase 2 Phase 3 Phase 4 Student Fellow

Check all of the boxes below relevant to your personal situation:

- Parents married
- Parents divorced/separated
- Father remarried Mother remarried
- Father deceased Mother deceased

University Health Insurance (Check one):

- I plan on waiving the Optional University Health Insurance because I am covered by other insurance.
Note: You will need to formally waive the Optional University Health Insurance on University Health Service's website.
- I plan on accepting the Optional University Health Insurance for the 2025-2026 Academic Year.
- I anticipate receiving an outside (non-University) grant or scholarship for 2025-2026.
Source: _____ Amount: \$ _____

- I anticipate receiving tuition benefits as the spouse of a University of Rochester employee.

Financial Aid Options:

- I wish to be considered for Federal Funds (including Federal Loans):
- I wish to be considered for Federal Work Study ONLY and will, therefore:
- Submit a University of Rochester Financial Aid Application.
- Submit a FAFSA (Free Application for Federal Student Aid). Approximate submission date: _____
- I wish to be considered for University Need-Based Funds and will, therefore:
- Complete and submit the CSS PROFILE application online at <https://student.collegeboard.org/profile>.
Approximate submission date: _____
- Provide a copy of my *signed 2023 federal 1040 tax return, forms, schedules & W-2's*.
- Enclosed Approximate submission date: _____
- NOT provide a copy of my federal tax return because no return will be filed for 2023.
- Provide a copy of my parents' *signed 2023 federal 1040 tax return, forms, schedules & W-2's*.
- Enclosed Approximate submission date: _____
- NOT provide a copy of my parents' federal tax return because no return will be filed for 2023.

In addition to certifying the truth of this information, I agree to provide additional documentation if required and to notify the Financial Aid Office of the School of Medicine and Dentistry of any change affecting my financial status during the 2024-2025 academic year. Furthermore, students may ultimately receive financial support from a specific named scholarship fund (based on either financial need, or academic merit). Recipients of named scholarship funds may be required to send the benefactor (or designee) a brief note of thanks. By signing, you agree to fulfill this requirement.

Signature _____ Date: _____