

**Delaware Academy of Medicine - Student Financial Aid Application Form 2017**  
Suite L10 • 4765 Ogletown-Stanton Road • Newark, Delaware 19713 • 302-733-3952

1. Name \_\_\_\_\_  
(please print) Last First Middle  
Title: Mr. Miss Ms Mrs. Other \_\_\_\_\_

2. Email \_\_\_\_\_ 3. Phone \_\_\_\_\_

4. Permanent Address \_\_\_\_\_  
\_\_\_\_\_

5. Are you a U.S. Citizen? \_\_\_\_\_yes \_\_\_\_\_no

6. If you answered 'NO' to above, are you a Permanent Resident?: \_\_\_\_\_yes \_\_\_\_\_no  
(Applicant must provide an official photocopy of both sides of I-151 or I-551 card with application)

7. Are you a Delaware resident? \_\_\_\_\_yes \_\_\_\_\_no  
(Proof of Delaware residency is applicable to first time applicants only. First time applicants must provide an official copy of their signed **Delaware tax return** (either your personal return, or if you are a dependent, your parent's return) for the **prior year and one of the other items below**)

- Delaware driver's license or state identification
- Delaware vehicle registration
- Delaware voter's registration card

8. How long have you been a Delaware resident? \_\_\_\_\_

9. Date of Birth \_\_\_\_\_ 10. Place of Birth \_\_\_\_\_

11. Social Security No. \_\_\_\_\_

12. Marital Status: single married divorced other \_\_\_\_\_

13. If married, spouse's name, occupation and employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. No. of Dependents \_\_\_\_\_ Name(s) and Age(s) \_\_\_\_\_  
\_\_\_\_\_

15. Parent's Information:

(check one)  Father  Stepfather  Legal Guardian

Name \_\_\_\_\_  
(please print) Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_

(check one)  Mother  Stepmother  Legal Guardian

Name \_\_\_\_\_  
(please print) Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_

Parents' current marital status:

(check one)  Married  Single  Widowed  Divorced  Separated

Parents' state of legal residence: \_\_\_\_\_

Parents' contribution to your education for the coming school year? \$ \_\_\_\_\_

16. Household Information: (List all family members enrolled in school.)

Name	Age	Name of School	Parent's contribution

17. Applicant's Educational History:

Name of School	Location	Major	Degree	Dates
High School(s)				
Colleges(s)				
Special Study				

18. If there is any break in your academic history please explain. List employers and dates of any full-time employment following college graduation.

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19. List any scholarships, awards, or any memberships in honor societies you received as an undergraduate:

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**First Year Students and first time applicants section:**

*(First-time applicants must complete this section and mail required documentation to the Academy directly. Applications **must** be postmarked on or before **May 15, 2017**. It is **STRONGLY** recommended that applicants send their application via certified mail. **The Delaware Academy of Medicine is not responsible for applications or any supporting documents getting lost in the mail. Any incomplete or incorrectly submitted information or documentation on this application will cause it to be dismissed this cycle.**)*

20. I have been accepted at \_\_\_\_\_ and expect to complete my training in 20\_\_\_\_; with a degree of \_\_\_\_\_  
*(Applicant must submit **official copy** of Letter of Acceptance with application)*

21. Are you enrolled as a Full-Time Student? \_\_\_\_yes \_\_\_\_no  
*(All Applicants must **provide official copy** of previous coursework with application)*

First time application must also submit a letter of recommendation that evaluates your personal and professional qualifications from a previous teacher or professor with application.

**PLEASE REFER TO PAGE 6 FOR APPLICATION CHECKLIST**

**Re-Application Section**

*(Definition of a 'Re-applicant' is a student who has **previously** received a loan award from the Academy of Medicine. Application with all other requirements must be **postmarked** on or before May 15, 2017. It is **STRONGLY** recommended that applicants send their application via certified mail. **The Delaware Academy of Medicine is not responsible for applications or any supporting documents getting lost in the mail. Applicants must apply annually. Any incomplete or incorrectly submitted information or documentation on this application will cause it to be dismissed this cycle.**)*

22. I am currently in my \_\_\_\_\_ year at \_\_\_\_\_ and expect to complete my training in 20\_\_\_\_  
*(Applicant must submit an **official letter** from their school stating that they are enrolled for the upcoming year)*

23. Are you enrolled as a Full-Time Student in good standing? \_\_\_\_yes \_\_\_\_no  
*(All Applicants must **provide official copy** of previous coursework with application)*

**PLEASE REFER TO PAGE 7 FOR APPLICATION CHECKLIST**

24. Estimates for coming academic year:

	Income		Expenses (school budget)
Earnings:	\$	Tuition and fees	\$
School year		Books and supplies	
Vacation		Food	
Spouse		Room or housing	
Savings		Clothing	
Gifts:		Transportation	
Family		Recreation	
Scholarship		Health	
Loans:		Insurance	
Family		Other expenses	
Other loans			
Other:			
<b>Total</b>	\$	<b>Total</b>	\$

25. List any other Financial Aid including loans and scholarships you will or have applied for:

Name	Amount
	\$
	\$
	\$
	\$

26. Asset Information:

Type of Asset	Value
Cash, savings, and checking accounts	\$
Home	\$
Other real estate	\$
Investments	\$
Other	\$

27. Itemize your present indebtedness:

Name of Creditor	Amount	Date Contracted	Date Due	Interest Rate	Relationship to creditor
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

28. The amount of financial aid you are applying for from the Delaware Academy of Medicine \$ \_\_\_\_\_

All loans and scholarships are determined individually by the Delaware Academy of Medicine's Student Financial Aid Committee based on financial need. It is to your advantage to clarify your need for financial assistance as completely as possible. Please attach additional information to the application if necessary.

29. Will you be attending Jefferson Medical College under the DIMER Program?

Yes\_\_\_ No\_\_\_

30. Certification:

If I am awarded a loan, it is my intention to use the loan to complete the course of study leading to a degree in \_\_\_\_\_. I agree to notify the Delaware Academy of Medicine in writing immediately if I leave school for any reason prior to graduation. I further agree to provide the Academy with a written progress report of my studies at the end of each year.

I submit that the information on this form is true and complete to the best of my knowledge. The Delaware Academy of Medicine reserves the right to request proof of any information provided on this application.

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Signature

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Date

**Please initial pages 1-5 and send completed application with supporting documentation to the address listed at the top of this application.**

**Application deadline is Friday, May 15<sup>th</sup> 2017**

## **CHECKLIST FOR FIRST-TIME APPLICANTS**

All items listed below are required with your application. Failure to submit any of the items will result in your loan request to be denied. Applicant will have to wait to the next year to submit another application.

	Completed application
	Copy of a signed Delaware tax return (personal or parents)
	Proof of Delaware residency (drivers license, vehicle registration, voting card)
	Letter of Acceptance
	Copy of transcript from previous year (must be official copy)
	Letter of Recommendation

## **CHECKLIST RENEWAL APPLICANTS**

All items listed below are required with your application. Failure to submit any of the items will result in your loan request to be denied. Applicant will have to wait to the next year to submit another application.

	Completed application
	Letter stating full-time status in coursework
	Transcripts from previous year (must be official copy)