

Delaware Academy of Medicine - Student Financial Aid Application Form 2018
Suite L10 • 4765 Ogletown-Stanton Road • Newark, Delaware 19713 • 302-733-3952

Free or lower-cost Title IV federal, state, or school student financial aid may be available in place of, or in addition to, a private education loan. To apply for Title IV federal grants, loans and work-study, submit a Free Application for Federal Student Aid (FAFSA) available at www.fafsa.ed.gov, or by calling 1-800-4-FED-AID, or from the school's financial aid office.

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.

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

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, 2018. 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:			
Total	\$	Total	\$

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
\$ _____

Applicants may enter “max” to receive the maximum amount available for the application year. For 2017, it was \$10,000.

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.

Signature

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 15th 2018

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
	Self-Certification Form

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)
	Self-Certification Form