

**Tufts University School of Dental Medicine
Financial Aid Office
1 Kneeland Street, Boston, MA 02111
2019-2020 Financial Aid Application**

Instructions: Return this form and other required documents to the Financial Aid Office by **April 1, 2019**. Respond to all questions on this form and write "N/A" if not applicable. Any student who purposely provides false or misleading information on any financial aid application materials will be subject to disciplinary action. All students must complete the entirety of this form.

PERSONAL INFORMATION

Legal Name _____ Tufts Student ID # _____
 Date of Birth ____/____/____ E-Mail _____
 Permanent Address _____ Permanent Phone # (____) _____
 Local Address _____ Local Phone # (____) _____
 Program (check one): D.M.D. D.I.S. TUSDM Expected Graduation Year _____

CITIZENSHIP STATUS (CHECK ONE): U. S. Citizen Permanent Resident* VISA Student**

* Attach copy of both sides of Permanent Resident Card or copy of valid I-94 Departure Record, regardless if previously submitted.

** VISA students may only apply for Private Educational Loan Programs.

PLEASE CHECK OFF ALL OF THE FINANCIAL AID PROGRAMS FOR WHICH YOU ARE APPLYING.

IF YOU ARE NOT APPLYING WITH PARENTAL INFORMATION, DO NOT CHECK THE BOX ON THE LEFT.

All aid which requires me to submit Parental Information:

Tufts Grant, Tufts Loan, Health Professions Student Loan (HPSL), Loans for Disadvantaged Students (LDS)

Other aid which does not require Parental Information:

Federal Direct Unsubsidized Loan
 Federal Direct Grad PLUS Loan
 Private Education Loan

VERIFICATION OF STUDENT INFORMATION

A. Are you **currently single**? NO YES

Do you plan to get married between 7/1/19- 6/30/20? NO YES If YES, wedding date: _____

B. Where do you plan to reside while attending Tufts Dental School?

W/PARENTS OR RELATIVES (OTHER THAN A SPOUSE) RENT OR OWN HOME

C. Will you be receiving an Armed Forces Health Professions (HPSP) or National Health Service Corps (NHSC) Scholarship?

NO YES IF YES, what branch? ARMY NAVY AIR FORCE NHSC

D. How much do you expect your parents or relatives to contribute towards your education for the 19-20 AY? \$ _____

PRIOR EDUCATIONAL LOANS

Did you borrow non-federal educational loans while in attendance at other institutions? NO YES If YES, complete the following section. **DO NOT INCLUDE FEDERAL LOANS** (i.e. Direct Loans, Grad PLUS Loans, Perkins Loans, Stafford Loans, or Federal Consolidation Loans).

Lender _____ Current Outstanding Balance _____

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**if additional space is needed, please include a full list of loans on a separate sheet of paper.

ALL STUDENTS MUST COMPLETE THIS PAGE.

PLEASE NOTE: WE CANNOT ACCEPT TYPED OR ELECTRONIC SIGNATURES. ALL SIGNATURES MUST BE REAL.

STUDENT CERTIFICATION:

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my Federal, State and/or Local Tax Return. I also realize that if I do not give proof when asked, I may or may not receive financial aid. I also certify that I have read and understand all information that has accompanied this application and promise to notify the Financial Aid Office of any changes in my financial situation. I also understand that unsatisfactory progress within my academic program or if I cease being a full-time or at least half-time student may result in the discontinuance of any financial aid awarded to me.

STUDENT SIGNATURE _____ DATE _____

CERTIFICATION OF NON-DEFAULT STATUS

I hereby certify that I am not in default on a National Direct/Defense Student Loan, Perkins Loan, Guaranteed Student Loan, Stafford Student Loan, Unsubsidized Stafford Loan, Federally Insured Student Loan, PLUS/ALAS or SLS received for attendance at any institution. I further certify that I do not owe a refund on Pell Grant, Supplemental Educational Opportunity Grant (SEOG), LEAP or SLEAP programs (formally called) State Student Incentive Grant (IE: MA State Scholarship).

STUDENT SIGNATURE _____ DATE _____

OUTSIDE SCHOLARSHIPS OR LOANS

I certify that I will disclose any and all outside scholarships and loans that are not granted to me directly through Tufts Dental School. I realize that my financial aid award package might have to be adjusted so that my financial aid (including outside scholarships and loans) does not exceed my cost of education.

STUDENT SIGNATURE _____ DATE _____

STUDENT CONSENT TO RELEASE INFORMATION

Pursuant to Section 438(b)(1) and (2) of the Family Education Rights and Privacy Act of 1974, I hereby consent to the Tufts University School of Dental Medicine, Office of Financial Aid for the release (to donors of endowed scholarships, prospective donors and/or educational lending institutions of which I may or am a recipient) of the following:

- a) *Information regarding my academic standing;*
- b) *Biographical and extracurricular information as stated on my application forms for Admissions and Financial Aid;*
- c) *Evidence of financial need.*

This will remain in effect until revoked by me in writing.

STUDENT SIGNATURE _____ DATE _____

Your consent to release this information is not mandatory to be considered for financial aid. However, without your consent, we will be restricted in the types of funds which we are able to recommend to you.

STUDENT DISCLOSURE AUTHORIZATION

In order to protect student privacy, the Financial Aid Office requires that every student complete the disclosure statement below. **Completion of this section of the TFA is required of all students, even if you are submitting only your financial information.**

Student Authorization Statement

I do ____ do not ____ authorize the Financial Aid Office to discuss all aspects of my financial aid application, (including application status, financial aid awards, appeals and disbursement) with my parents.

STUDENT SIGNATURE _____ DATE _____

If you are currently **married**, please review the statement below:

I am a married student and I do ____ do not ____ authorize the Financial Aid Office to discuss specific financial aid details pertaining to my financial aid application with my spouse.

SPECIAL CIRCUMSTANCES

The space below is provided for you to make us aware of any unusual circumstances that pertain to you and/or your family's financial situation, to make us aware of any outside financial aid sources (scholarships, loans) that you are expecting to receive during the 2019-2020 academic year from private organizations or associations other than Tufts Dental School. You may attach an additional sheet, if necessary. Please document to the greatest extent possible.