

**Tufts University School of Dental Medicine
Financial Aid Office
1 Kneeland Street, Boston, MA 02111
2019-20 Supplemental Financial Aid Application**

Instructions: This form is to be completed by students (and the parents of students) who are applying for those types of financial aid that require submission of parent information (Tufts Grant, Tufts Loan, Health Professions Student Loan, and Loans for Disadvantaged Students). Please note that the first page is requesting student information, while the second and third pages request custodial parent information. Non-custodial parents must complete the Non-Custodial Parent Statement.

STUDENT PERSONAL INFORMATION

Student's Legal Name _____ Tufts Student ID # _____

Date of Birth ____/____/____ E-Mail _____

TUSDM Expected Graduation Year _____ Program (check one): D.M.D. D.I.S.

VERIFICATION OF STUDENT'S ASSETS

A. **Current** value of student's cash, savings, checking accounts, bonds, and trust funds: \$ _____

B. Does the student own investments such as stocks and other securities? **NO** **YES** *If Yes, complete the following:
Current Market Value \$ _____ Current Debt Owed \$ _____

C. Does the student own a business and/or farm? **NO** **YES** *If Yes, complete the following:
Name of Business/Farm _____ Type of Business _____
Current Value \$ _____ Current Debt Owed \$ _____ Percent Ownership _____ %
*if additional businesses/farms owned, please list on separate sheet of paper.

D. Does the student own a home as principal place of residence? **NO** **YES** *If Yes, complete the following:
Purchase Price of Home \$ _____ Year Purchased _____ Current debt on home \$ _____
Current Value of Home \$ _____

E. Does the student own other real estate? This includes vacation homes, land, rental property, etc. **NO** **YES** *If Yes, complete the following:
Type of Property: **Commercial** **Private** Purchase price of property \$ _____
Year of Purchase _____ Current debt on property \$ _____ Current value of property \$ _____
*if additional properties owned, please list on separate sheet of paper.

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** _____

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

PARENT PERSONAL INFORMATION

PARENT 1 Legal Name _____	Date of Birth ____/____/____
PARENT 2 Legal Name _____	Date of Birth ____/____/____

VERIFICATION OF PARENTS' UNTAXED INCOME AND BENEFITS

If Parents received any untaxed income/benefits for 2017, complete this section: (write zero or N/A where no income/ benefits were received). Do not leave blank.

Payments to Tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on W-2 Forms in boxes 12A-12D codes D, E, F, G, H and S	
Child Support Received for any of your children (do not include foster car or adoption payments)	
Untaxed IRA Distributions (do not include rollovers)	
Tax-exempt Interest income	
Untaxed Portions of Pensions	
IRA deduction and payments (to self-employed SEP, SIMPLE, and Keogh and other qualified plans)	
TOTAL Untaxed Income and Benefits	\$

VERIFICATION OF PARENTS' INCOME OR CREDIT EXCLUSIONS

(Note information reported is excluded from income used to determine student's eligibility for financial aid.)

American Opportunity, Hope and Lifetime Learning Tax Credits (Per 2017 US Tax Return, Form 8863)	
Taxable Earnings from Federal Work-Study, assistantships or fellowships	
Taxable grant and scholarship aid reported to IRS as part of parents' AGI (Per 2017 US 1040, Form 1099-Misc)	
Combat pay or special combat pay (Per 2017 US Tax Return, 2017 W-2 Form(s))	
Cooperative education program earnings (Per 2017 US Tax Return, 2017 W-2 Form(s))	
TOTAL Parent Income Exclusions	\$

VERIFICATION OF PARENT'S ASSETS

- A. **Current** value of all parent cash, savings, checking accounts, bonds, and trust funds: \$ _____
- B. Do the student's parents own investments such as stocks and other securities? NO YES **If Yes, complete the following:*
 Current Market Value \$ _____ Current Debt Owed \$ _____
- C. Do the student's parents own a business and/or farm? NO YES **If Yes, complete the following:*
 Name of Business/Farm _____ Type of Business: _____
 Current Value \$ _____ Current Debt Owed \$ _____ Percent Ownership _____ %
**if additional businesses/farms owned, please list on separate sheet of paper.*
- D. Do the student's parents own a home as principal place of residence? NO YES **If Yes, complete the following:*
 Purchase Price \$ _____ Year of Purchase _____ Current debt \$ _____ Current Value \$ _____
- E. Do the student's parents own other real estate? This includes vacation homes, land, rental property, etc. NO YES **If Yes, complete the following:*
 Type of Property: Commercial Private Purchase Price of Property \$ _____
 Year of Purchase _____ Current Debt on Property \$ _____ Current Value of Property \$ _____
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 Year of Purchase _____ Current Debt on Property \$ _____ Current Value of Property \$ _____
**if additional properties owned, please list on separate sheet of paper.*
- F. How much do the student's parents expect to contribute toward their son/daughter's education for the 2019-2020 academic Year? \$ _____

VERIFICATION OF PARENTS' HOUSEHOLD SIZE AND FAMILY MEMBERS

A. Parents Current Marital Status (Check One): NEVER MARRIED* MARRIED DIVORCED/SEPARATED* WIDOWED

**Must submit Non-Custodial Parent Statement, signed 2017 US Tax Return & W-2 Forms of non-custodial parent.*

B. Complete the table below listing all family members that student's parents will support between 7/1/19-6/30/20. **INCLUDE:**

- **Student**
- **Parent(s), including step-parents**
- Parent(s) other dependent children IF parent(s) will provide more than one half their support from 7/1/19-6/30/20
- Other people currently living in parent(s) household ONLY if parent(s) will provide more than one half their support from 7/1/19-6/30/20

Always include the student even if they are married and/or not supported by their parents

****ALWAYS INCLUDE THE PARENTS****

Name	Age	Relationship to Student	College attending in 2018-19 (if any)	Enrollment Status (circle one if applicable)	
		Student (Self)	Tufts Dental School	Full time	Half time
		Parent		Full time	Half time
				Full time	Half time
				Full time	Half time
				Full time	Half time

**If additional space is necessary, please list information under Special Circumstances section of this form.*

PARENT CERTIFICATION:

I/We certify that all the information on this form is true and complete to the best of my/our knowledge. If asked by an authorized official, I/We agree to give proof of the information that I/We 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 jeopardize my student's ability to receive certain financial aid programs. 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.

PAREN 1 SIGNATURE _____ DATE _____ PARENT 2 SIGNATURE _____ DATE _____

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

PARENT DISCLOSURE AUTHORIZATION

In order to protect parent privacy, the Financial Aid Office requires that parents complete the disclosure authorization statement below. If there are concerns regarding both parent and student information being submitted on this document, parents and students are invited to submit two copies of this form: one to be completed by students, with all appropriate sections/signatures, and one to be completed by parents, with all appropriate sections/signatures.

Parent Authorization Statement

I/We do _____ do not _____ authorize the Financial Aid Office to discuss all aspects of the information that I/We have provided in the parental sections of this form with my son/daughter, including information pertaining to income and assets.

PARENT 1 SIGNATURE _____ DATE _____ PARENT 2 SIGNATURE _____ DATE _____

SPECIAL CIRCUMSTANCES

If student or student's family is/are experiencing circumstances that you wish our office to consider when reviewing the student's aid eligibility, please explain on a separate sheet of paper and attach to this worksheet. Please document to the greatest extent possible.