




Entering Student UMMS Financial Aid Application Guide

This guide is intended to outline the information necessary to complete the UMMS Financial Aid Application. If you have any questions, please reach out to the UMMS Financial Aid Office directly at medfinaid@umich.edu.



UNIVERSITY OF MICHIGAN
MEDICAL SCHOOL
MICHIGAN MEDICINE

FINANCIAL AID OFFICE
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FIRST YEAR MEDICAL STUDENT FINANCIAL AID APPLICATION

The University of Michigan Medical School Financial Aid Office is dedicated to ensuring that eligible students get the financial resources needed to cover their medical education expenses. The majority of students who enroll in our program apply for and receive some kind of financial aid. These could be federal and/or institutional loans, and grants and scholarships.

Student Name: Last, First _____ E-mail Address _____

RESIDENCY

What is your Residency Status: In-State Out-of-State

What is your Legal State of Residence: _____

Are you a U.S. Citizen: Yes No

If No, please list your country and Alien Registration Number below: A

Country of Citizenship: _____ Alien Registration #: _____

FAMILY INFORMATION

What is your Marital Status: _____ Number of Dependents (do not include spouse): _____

Do you have one or more living parents: Yes No

If Yes, you must provide the following information to be considered for all sources of need-based grants and scholarships. If your parents are not married, please refer to the parent that has provided the most financial support:

How many people are in your parent(s)' family? Include yourself, your parent(s) and their dependents:	
What was their tax filing status in 2021?:	B
What was their total Adjusted Gross Income in 2021?:	
What was their total Federal Income tax paid in 2021?:	
What was their total untaxed income in 2021?:	
Parent 1 > What was this parent's total income from work in 2021?:	
Parent 2 > What was this parent's total income from work in 2021?:	
As of today, what is their total balance of cash, savings, or checking accounts:	C
As of today, what is the net worth of their investments, including real estate (exclude home):	

SCHOLARSHIP INFORMATION

Will you receive a scholarship from OUTSIDE of the UM Medical School: Yes No

If Yes, please provide the following information: D

Scholarship 1 Name: _____ Amount: _____

Scholarship 2 Name: _____ Amount: _____

Check all that apply to you:

<input type="radio"/> Interested in practicing in the field of Primary Care (family medicine, general internal medicine, general pediatrics, preventive medicine).	<input type="radio"/> A resident of Indiana.
<input type="radio"/> Interested in Psychiatry.	<input type="radio"/> Interested in cancer research.
<input type="radio"/> A resident of the Battle Creek area.	<input type="radio"/> From Michigan's Upper Peninsula or one of the most northern Lower Peninsula counties

PAGE ONE:

- A If you are not a U.S. Citizen, be sure to have your Alien Registration # on hand.
 - B You will need your parent(s)' 2023 Federal Tax Information.
 - C You will need your parent(s)' current asset information including cash, savings, checking, investments and real estate.
- Note: If your parents are not married, you will refer to the parent that provides the most financial support.*
- D If you have received an external scholarship, you will need to report the name and amount.

VETERAN STATUS

Are you a U.S. Veteran: Yes No E

If Yes, please provide the following information:

Date of Discharge: _____ Will you be using Veteran Benefits: Yes No

If you are using your benefits, how many months of eligibility do you have left: _____

STUDENT LOAN PREFERENCES

Federal Direct Stafford Loan & GradPLUS Loan Information: The yearly maximum for the Federal Direct Stafford Loan is based on the length of the academic year. For 2021-22 the maximum loan amount for Scientific, Clinical, and Early Branches is \$47,167. The maximum for Graduating Branches is \$40,500. GradPLUS can be borrowed for all remaining need up to the guideline budget. All scholarship and grant awards will reduce the need to borrow loans.

Do you wish to apply for the Federal Direct Stafford Loan at this time: Yes No F

If Yes, enter 'maximum' or specific amount desired: \$ _____

Do you wish to apply for the Federal GradPLUS Loan at this time: Yes No

If you are applying for the GradPLUS Loan, you will need to complete and submit the [Direct GradPLUS Loan Request and Consent to obtain Credit Report form](#).

Mandatory Health Insurance Information: Health insurance is mandatory for Medical School registration and your cost for health insurance may be added to your assigned budget. The cost may be added into your additional loan eligibility (see above) Borrow only if you absolutely need the funds. Please indicate the amount you wish to borrow. The maximum you may borrow is \$3,877 for GradCare health insurance. You may also borrow to cover dental and vision premiums if you are enrolled in UM plans. If you are enrolled in any insurance program other than GradCare, you must submit a copy of your premium statement before we can process your request. You MAY NOT borrow additional funds if you are covered under your parents' policy.

Do you wish to borrow for health insurance at this time: Yes No

If Yes, enter 'maximum' or specific amount desired: \$ _____

ADDITIONAL INFORMATION

Use this space to explain any unusual expenses such as high medical or dental expenses, educational and other debts, child care, elder care or special circumstances.

G

STATEMENT OF UNDERSTANDING

I understand I must enroll for at least six credit hours in order to receive William D. Ford Federal Direct Loan funds, and that I must enroll for a full-time credit hour load in order to receive other grants, Federal Perkins Loan, and Health Profession Loan Fund awards as a result of this Application. I understand that failure to comply with enrollment standards will result in reduction, cancellation, and/or repayment of aid.

I agree to inform the Financial Aid Office, in writing, of any changes in my expenses or resources, including any aid awarded after the filing of the Application, and understand that my aid cannot exceed my demonstrated financial need, and that any excess, as determined by the Financial Aid Office, must be repaid.

I authorize the Financial Aid Office to discuss my application and my financial circumstances with other public or private agencies which may also be considering me for aid.

I understand that all awards are contingent upon continued program funding by the federal government and the university, and that I must re-apply for financial aid each year.

I certify that I will use any money I receive under federal or institutional aid programs for expenses related to my studies at the University of Michigan Medical School.

I understand that if I am unable to obtain an educational loan because of a negative credit history, I cannot expect nor hold liable the University of Michigan Medical School to offer me institutional funding to replace the amount of financial assistance I am unable to obtain from external sources.

I certify that all statements relating to my application are complete and correct to the best of my knowledge. I understand intentional falsification or misrepresentation may result in cancellation and repayment of aid, and that this application involves federal funds, such action will make me subject to fine, imprisonment, or both, under provision of federal law.

Student Signature _____ Date _____

PAGE TWO:

- E If you are a U.S. Veteran, you will need to have your date of discharges and educational benefit information on hand.
- F You will report your Federal Student Loan preferences.
- G If you have any special circumstances you feel you need address, you may report them.

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