



Financial Aid Application 2008-2009

Return completed form to: **Mayo Clinic Student Financial Aid Office**
206 Mitchell Student Center
200 First Street SW
Rochester, MN 55905

Personal Information

Name – First		Middle	Last	Social Security Number
Permanent Mailing Address – Street			City	State
Address for Academic Year (if known) – Street			City	State
Telephone number – Permanent		Local	Cell	Birth Date
E-mail address (must be active through September 2008)				
Program Name		Expected Graduation date		
Ethnic background: <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> White (not of Hispanic origin) (optional) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:				
Will you have daycare expenses for the current academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No Ages of children: _____ <i>*If yes and you would like the expenses included in your cost of attendance, please attach a copy of your weekly or monthly daycare receipt signed by your day care provider.</i>				

Financial Assistance Requested

In addition to grants/scholarships, what other types of aid are you interested in? (This will determine the types of loans we will initially package.)

Federal Stafford Loan – Subsidized (Interest is paid by the Federal Government while you are in school)

Federal Stafford Loan – Unsubsidized (Interest accrues while you are in school)

Federal PLUS Loan (For parents of Dependent students and Graduate students)

Other Private Alternative Loans

Please check any or all of the following sources you will receive money from during the current academic year:

Mayo Employee Tuition Assistance Program: Amount \$ _____

Mayo Tuition Employee Scholarship: Amount \$ _____

Outside Scholarship (2008-2009 academic year): Amount \$ _____ Name _____ Paid to: Student School

Mayo Departmental/Program Scholarship: Amount \$ _____ Paid to: Student School

Veteran’s Administration Benefits: Estimated Monthly Benefit (2008-2009 academic year) \$ _____

Vocational Rehabilitation Benefits: State or Federal Program? Estimated Monthly Benefit (2008-2009 academic year) \$ _____

Military Scholarship: Amount \$ _____

Are you attending a Mayo educational program for training and then returning to an outside agency for employment in exchange for grant, scholarship, tuition reimbursement, stipend or loan from the outside agency? Yes No

If yes, name of institution/agency: _____

Are you processing financial aid at another institution? Yes No If yes, name of institution: _____

Agreement

Please read carefully and sign below. I will use all money I receive under Title IV and all other financial aid only for expenses related to my study at Mayo Clinic College of Medicine. I certify that I am not in default or owe a refund to any Title IV loan or grant received for attendance at any institution and have not borrowed in excess of loan limits under Title IV programs. I grant Mayo Financial Aid Office permission to release financial aid award information to the proper officials of scholarship agencies or organizations who wish to consider me as a recipient of their awards. If I have an authorization for direct deposit of funds to my personal bank account on file, I understand that any funds due me will continue to be electronically transferred to the account listed on the authorization form unless I notify the Financial Aid Office, in writing, of any changes (including cancellation) to that authorization. Any changes will become effective immediately upon written notification to Mayo Clinic Accounts Payable by the Financial Aid Office. I understand that I am responsible for determining whether scholarship/grant funds received are taxable income and if I am required to file a tax return. I declare that all of the information provided by me on this form is correct and complete to the best of my knowledge. I have read the Tuition Refund & Return of Title IV Funds Policy. I understand that I must meet the standards set forth in my school and/or program’s Satisfactory Academic Progress Policy in order to maintain eligibility for financial aid.

Student Signature _____ **Date** _____