

# 2017-2018 Supplemental Application Form MD Program



1300 York Avenue  
Room C-114  
New York, NY 10065  
T: 212.746.1065  
F: 212.746.5981

Student Name: \_\_\_\_\_

Class Year:  YR 1  YR 2  YR 3  YR 4

Status:  Enrolled  Research Leave

## I am applying for (check one):

### Grants & Loans

If you checked Grants & Loans, you **must file & submit** the following forms by the deadline specified for priority consideration of these awards.

NOTE: To be considered for Grants, your CSS PROFILE application must include information for yourself, spouse (if applicable), and both biological parents.

**APPLICATION DEADLINES:**  
Prospective students : April 1<sup>st</sup>  
Continuing students: May 15<sup>th</sup>

Submit all forms securely via the WCMC Transfer Service to  
finaid@med.cornell.edu: [File Transfer](#)

#### Check List: (check off items you have submitted)

- 2017-18 [FAFSA](#)\*Application - FAFSA School Code: **G04762**
- 2017-18 [CSS PROFILE](#) Application
- Supplemental Application Form
- Signed 2016 tax return or for Student, Spouse & Parents (if filed) or Tax Exemption from Filing Form
- Student Bio Form or  Copy of CV/Resume

Other Forms **required**, if applicable:

- Parent Living Abroad Form
- Sibling Enrollment Verification Form (Due by September 29<sup>th</sup>)

\*FAFSA application must be filed with a permanent U.S. address.

### Federal Loans Only

If you checked Federal Loans only, you **must file & submit** the items listed below as soon as possible.

NOTE: The **recommended** due date(s) for loan requests is by July 1<sup>st</sup> for the Fall, or December 1<sup>st</sup> for the Spring, to avoid late fees for the corresponding semester bill.

Submit form securely via the WCM Transfer Service to  
finaid@med.cornell.edu: [File Transfer](#)

#### Check List: (check off items you have submitted)

- 2017-18 [FAFSA](#)\*Application - FAFSA School Code: **G04762**
- Supplemental Application Form
- Signed 2016 Federal Tax Return for Student (if filed) or Tax Exemption from Filing Form

#### Indicate Federal Loan amount(s) requested below:

Note: Unsubsidized annual loan limits

Yr1 or Yr2 = \$42,722; Yr3 = \$47,164; Yr4= \$44,944

Unsubsidized Loan: \_\_\_\_\_

Graduate Plus Loan: \_\_\_\_\_

Total Loan(s): \_\_\_\_\_ (cannot exceed cost of attendance)

*Loan amounts will automatically be processed for the entire academic year unless otherwise requested.*

## OUTSIDE RESOURCES/SCHOLARSHIPS

List all outside resources & amounts you are expecting to receive for the academic year (e.g. all private scholarships, Veteran's Benefits, Military Scholarships):

## HEALTH PROFESSION SCHOLARSHIP INTEREST

Indicate if you would like to receive more information on the Health Professions Scholarship Programs (HPSP) available through U.S. Military service branches. The HPSP offer full tuition & fees in addition to monthly living stipends for up to 4 years. Residency Loan Repayment Program information is also available for 4<sup>th</sup> Yr students.  Yes  No

**DISADVANTAGED INFO**

Do you wish to be considered for federal funds restricted to recipients from a disadvantaged background?  Yes  No

If yes, on what basis? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAREER OPTIONS**

Please indicate the field(s)/specialty that interest you and/or considering as career options. List in order of preference:

<b>a.</b>	<b>b.</b>
<b>c.</b>	<b>d.</b>

**INSTITUTIONAL GRANT/SCHOLARSHIPS**

To participate in an effort to facilitate and match grant recipients with corresponding donor funds that may be identifiable with a particular race and/or ethnicity, please make a selection below. *This request is optional and choosing not to self-identify will not subject you to discrimination of grant eligibility or treatment.*

Please check race(s) below:

- |   |  |
|---|--|
| <input type="checkbox"/> HISPANIC OR LATINO                                 | <input type="checkbox"/> ASIAN                                     |
| <input type="checkbox"/> WHITE (NOT HISPANIC OR LATINO)                     | <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE          |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO) | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |

Ethnicity (*ethnic background regardless of race - e.g. Italian, Korean, Mexican, etc.*): \_\_\_\_\_

**SUMMER PLANS**

Work (describe): \_\_\_\_\_

Employer: \_\_\_\_\_ Net weekly salary: \$ \_\_\_\_\_

Other plans: \_\_\_\_\_

**CERTIFICATION & SIGNATURE**

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM AND ON ALL OTHER FINANCIAL AID APPLICATION FORMS IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ORDER TO RECEIVE ANY GRANTS OR LOANS, I MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS. I FURTHER UNDERSTAND THAT THE SUBMISSION OF FALSE OR MISLEADING INFORMATION ON ANY FINANCIAL AID FORMS CAN RESULT IN THE CANCELLATION OF ALL AID AND MAY SUBJECT ME TO DISCIPLINARY ACTION IN ACCORDANCE TO WCMC STANDARDS OF CONDUCT AS OUTLINED IN THE CORNELL CATALOG.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

Return to Financial Aid Office, 1300 York Ave, C-114  
or email to: [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu)