

2019-20 Aid Type Request Form MD Program

Student Name: _____ Student CWID: _____

Class year: YR 1 YR 2 YR 3 YR 4 YR 5

Status: Enrolled Research Leave (Fed Loans only) Admitted

1300 York Avenue
Room C-114
New York, NY 10065
T: 646.962.3479
F: 212.746.5981

Financial Aid Application Checklist

I am applying for need-based WCM Grants & Loans:

- [FAFSA](#)*Application - FAFSA School Code: **G04762**
- [CSS PROFILE](#) Application – CSS code : **2279**
- Corresponding copies of signed tax returns for student/spouse & parents (if filed)
- Tax Exemption from Filing Form (for individuals who did not file a tax return)

Other Forms, if applicable:

- Parent Living Abroad Form w/ attached foreign tax returns
- Sibling Enrollment Verification Form (Due in September)

I am applying for Federal Loans Only

- [FAFSA](#)*Application - FAFSA School Code: **G04762**
- [Credit Check Authorization Form](#) (only if requesting a Graduate PLUS loan)

Loan Type	Loan Amount Requested
Unsubsidized Loan	\$ _____
Graduate PLUS Loan	\$ _____

Note: Unsubsidized annual loan limits
Yr1 or Yr2 = \$42,722;
Yr3 = \$47,167;
Yr4= \$44,944

Download additional WCM application forms [ONLINE](#)

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

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 WCM standards of conduct as outlined in the WCM catalog.

STUDENT'S SIGNATURE _____

DATE _____

Return to Office of Financial Aid, 1300 York Ave, C-114
or email to: finaid@med.cornell.edu