

Priority Deadline

Fall - February 28th, 2020

Spring - November 6th, 2020

FAFSA School Code: **E00520**

Office of Financial Aid

136 Harrison Avenue

Boston, MA 02111

Walk-in Address: 145 Harrison Ave

Tel: 617-636-6574 • Fax: 617-636-3447

**2020-2021
Tufts University School of Medicine
Graduate Aid Application**

All students interested in applying for any type of financial assistance must complete this application. Please do not leave any question blank. Please indicate \$0 when applicable or "n/a" if a question is not applicable.

Incoming Student

Returning Student

Full Name

S.S. #

TUSM ID# (leave blank if unknown)

Address (no P.O. box)

Phone #

Email Address

Date of Birth

Please choose your program of study and indicate enrollment plans:

MPH & Professional Degrees:

MPH: Full-time Half-time (online program? Yes No

Combined degree (if applicable): _____

Health Informatics & Analytics (online only)

of courses per semester: Fall '20 _____ Spring '21 _____ Summer '21 _____

MBS & MBS/MBA

Physician Assistant

DPT

MPH awarding basis for aid:
Full-time = 9 credits or more
Half-time = 4.5 to 8.75 credits
Part-time = 4.25 credits or less

If your enrollment changes, you must notify the Office of Financial Aid immediately.

Friedman School of Nutrition programs:

MS or PhD full-time half-time

Master of Nutrition Science and Policy full-time half-time

MS-Nutrition/MPH combined degree program full-time half-time

Tufts Graduate School of Biomedical Sciences (GSBS):

PhD

MS full-time half-time

1. Expected housing status during the 2020 – 2021 academic year? On Campus Off Campus

2. **New Applicants Only:** Please indicate total debt from PRIOR educational loans that remain outstanding. Include amounts borrowed from federal and private loans and only when the STUDENT was the borrower.

Federal \$ _____ Private \$ _____

3. Please list all dependents for whom you will be providing more than 50% of the cost of living expenses between 7/1/20 through 6/30/21:

Name	Age	Relationship to you (i.e. self, spouse, etc.)	College Attending 2020-2021 (if any)	Expected Graduation Date

4. Tax Filing Status- please check one:

- I/we were required to file a 2018 Federal Income Tax Return
- I did not file, and was **not required** to file a 2018 Federal income tax return. I have completed the information below for all untaxed income that was received in calendar year 2018.

If you (and your spouse) are not required to file a federal income tax return in 2018, list below any income you (and your spouse) received in 2018 and the employer's name (if no income was earned indicate zero):

Employer	Amount

5. Untaxed Income or Benefit:

A). Did you or your spouse **receive** any untaxed income benefits in calendar year 2018?
Common Sources include: Social Security, SNAP, child support, untaxed wages, etc.

Source	Amount

B). Did you or your spouse **pay** child support in calendar year 2018? No Yes

Name of child	Person whom you made payment to	Amount paid

6. Did you earn income from the Federal Work-Study program in calendar year 2018? No Yes

If yes, list amount earned in 2018: \$ _____ Please list employer's name: _____

7. Please indicate other expected sources of aid you will receive during 2020 – 2021:

(Do not include ANY aid that you expect to be awarded by Tufts)

Loan Scholarship/Grant Amount \$: _____ Source: _____
 Loan Scholarship/Grant Amount \$: _____ Source: _____

***Note: In the event that you receive outside assistance after completing this application, you **must** notify the FAO immediately, as it may affect your financial aid package. ***

I/We have read and understand all of the questions above and have answered them accurately, completely and to the best of my/our knowledge. I, the student, have read and understand my rights and responsibilities as a financial aid recipient. I understand that my financial aid may be adjusted if I do not make satisfactory academic progress or if other changes in my student status occur (i.e. change in enrollment). Any changes that occur after this form is signed will be reported to the Office of Financial Aid. By signing this worksheet, I (we) certify that the information reported to qualify for federal student aid is correct and complete and I (we) will provide all requested documents. If I/we purposely give false or misleading information on this form or any other financial aid application materials, I/we understand that I/we may be reported to federal and local authorities for fraud

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

*Warning: Purposely providing false or misleading information may result in fines, imprisonment, or both.

Mailing Address: Tufts University School of Medicine
Office of Financial Aid
136 Harrison Avenue
Boston, MA 02111

Email: med-finaid@tufts.edu

Fax: 617-636-3447 (write student name on each page)

***FAX VOLUME IS HIGHER DURING THE WEEK OF THE DEADLINE AND MAY REQUIRE SEVERAL ATTEMPTS.**

IT IS THE STUDENT'S RESPONSIBILITY TO CONFIRM ANY SENT MATERIALS HAVE BEEN RECEIVED.

Application Instructions and Checklist for Financial Aid

1. Submit Tufts Graduate Aid Application

All students interested in applying for any type of financial assistance must complete an application for financial aid.

Candidates for admission are encouraged to complete all financial aid materials as soon as possible.

Do Not Wait Until You Are Accepted To Apply For Financial Aid.

Students will still be considered for aid if applications are submitted *after* the priority consideration date. However, the Office of Financial Aid processes applications on a first-come, first-served basis; therefore, late applicants may experience a delay in the notification of their eligibility. Students are still expected to meet all registration and payment deadlines even if they have not received financial aid award notices by those dates. Disbursements and/or refund checks may be delayed for late applicants.

Please be aware that loan eligibility may not be certified after the last day of classes. Students who are applying for financial aid late into the semester (within one month of the last day of classes) should contact the Office of Financial Aid to confirm that adequate time is available to process the request.

IMPORTANT ADDITIONAL INFORMATION: We feel it is critical for the student/applicant to take ownership in the financial aid process. We encourage students/applicants to work closely with the Office of Financial Aid throughout their educational studies at Tufts University School of Medicine. We are not able to discuss information pertaining to financial aid with any party other than the student. However, we will accept release forms in limited situations should an unforeseen emergency and/or extenuating circumstance arise.

2. 2020-21 Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov.

FAFSA should be completed at least 2 weeks prior to the deadline • School Code: **E00520**