

Office of Financial Aid
Priority Deadline: March 26th

FAFSA School Code: **E00520**

136 Harrison Avenue
Boston, MA 02111
Tel: 617-636-6574
Fax: 617-636-3447
med-finaid@tufts.edu

2021 – 2022
Tufts University School of Medicine
MD Financial Aid Application

All students interested in applying for any type of Federal Aid or Tufts University Institutional Assistance must fully complete this application. **Please do not leave any question blank.**

Full Name _____ S.S. # _____ TUSM ID# (*leave blank if unknown*) _____

Permanent Address (no PO box) _____

Phone # _____ Email Address _____ Date of Birth _____

Incoming Medical Student Returning Medical Student MD Graduation Year: _____

Please select the program you are applying to or are enrolled in:

MD MD/MPH MD/PHD MD/MBA MD-Maine Track MD/MA

1. Where do you expect to live during the 2021 – 2022 academic year? With Parents Off Campus

2. What is your current marital status?

Single Married Divorced Separated Widowed

3. Do you consider yourself to be from an economically or environmentally disadvantaged background?

Yes No

If yes, please explain:

4. Are you applying for institutional assistance (scholarships and/or loans)? Yes No (Skip to question #5)

If yes, please indicate the marital status of your natural parents:

Married Divorced* Separated* Never married Widowed**

**If divorced or separated, both parents must submit all required documentation separately. If parents have remarried, they must also provide their current spouse's information.*

***A copy of the death certificate must be submitted, but the cause of death may be redacted.*

5. Please list any spouse and/or dependents who reside with you, and for whom you will provide greater than 50% of support between 7/1/2021 through 6/30/2022:

Full Name	Age	Relationship to TUSM student (child, spouse, etc.)	College Attending in 2021-2022 (if any)	Expected Graduation Date	% of total support to be provided in 2021-2022 (DO NOT LEAVE BLANK)

6. Tax Filing Status of student - please check ONE:

I/we are required to file a 2019 Federal Income Tax Return

I/we did not file and was (were) **not required** to file a 2019 Federal income tax return. I have completed the information below for all untaxed income that was received in calendar year 2019.

INCLUDE ALL W2s: If you (and your spouse) did not file a Federal income tax return in 2019, please indicate any income you (and your spouse) received in 2019 and the employer's name (if no income was earned indicate zero):

Income	Employer

7. Untaxed Income or Benefit:

A). Did you or your spouse **receive** any untaxed income benefits in calendar year 2019?
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 2019? No Yes

Name of child	Person whom you made payment to	Amount paid

8. Assets:

	Cash, Savings, and Checking accounts (do NOT include funds you received from student loan refunds for living expenses)	Stocks, Bonds, CDs, and other Investments (excluding retirement, real estate, and trusts)	Trust (if you are a beneficiary, you may be required to submit documentation.)
Total Value as of the date the FAFSA was filed.	\$ _____	\$ _____	\$ _____

9. Real Estate:

Do you (or your spouse) own real estate? No Yes (complete chart)

Address of Property	Purchase Price	Purchase Year	Value Today	Mortgage Balance owed	Primary Residence? (yes or no)

10. Business Ownership

Do you (or your spouse) have partial or full ownership of a business? No Yes*

**If yes, please answer the questions below. You will be notified if a copy of your business tax return is required.*

Name of business: _____

Type of business: Sole proprietor Partnership Corporation

Are there fewer than 100 employees? Yes No

Describe principal product or service: _____ Business total net value? \$ _____

Names of owners & partners (include yourself)	The owner/partner's relationship to the applicant	Percentage of ownership

11. 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 (INCOMING STUDENTS ONLY).

Federal \$ _____ Private \$ _____

12. Did you earn income from the Federal Work-Study program in calendar year 2019? No Yes

List amount received in calendar year 2019: \$ _____ Employer's name: _____

13. Please indicate other expected sources of aid (loan and/or gift), not awarded by TUSM, during 2021 – 2022.

Do not include ANY aid that you expect to be awarded by TUSM.

Outside Loan: Amount \$: _____ Source: _____

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

*Note: in the event that you receive outside assistance after completing this application, you **must** notify the OFA in writing immediately. Outside assistance received after you are awarded 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. Any changes that occur after this form is signed will be reported to the Office of Financial Aid (OFA) immediately. By signing this worksheet, I (we) certify that the information reported to qualify for federal and/or institutional 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 and institutional assistance previously awarded may be rescinded. I, the student, also consent to receive information from the OFA electronically, and grant the OFA permission to make any necessary changes on my FAFSA application.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Application material can be submitted securely online in PDF format, via [Tufts Med FA Box Drive](#). You may also submit via:

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

Fax: (617) 636-3447

-or-

Please include student's name & ID number on each page that is faxed

Federal Aid Application Check List

- FAFSA
- TUSM Student Application
(Submit securely online via [Tufts Med FA Box Drive](#))

Institutional Aid Application Check List

- FAFSA
- TUSM Student Application
- 2019 Student/Spouse Signed Federal Tax Returns (if applicable)
- 2019 Student/Spouse W2 Statements (if applicable)
- Parent Information Form(s)
- 2019 Parent Signed Federal Tax Returns (all schedules)
- 2019 Parent W2 Statements

PLEASE NOTE: IT IS NOT SAFE TO SEND PERSONAL IDENTIFIABLE INFORMATION VIA EMAIL.

WE STRONGLY ENCOURAGE YOU TO PLAN ACCORDINGLY AND USE THE SECURE ONLINE DROP BOX. YOU MAY ALSO FAX OR *MAIL MATERIALS, PRIOR TO THE DEADLINE.

****Application materials mailed via USPS may delay processing time by up to two weeks.***