



A. STUDENT INFORMATION

STUDENT NAME (<i>Last, First Middle</i>)	MD GRAD. YEAR	BANNER ID NUMBER
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B. HEALTH INSURANCE

Students are automatically charged the full year Student Health Insurance Plan (SHIP) in the fall semester. Health Services is the office that manages the program. If you will be covered under **another plan** from August 2026- August 2027, please complete the required health insurance **waiver** available on the Health Services site prior to the fall semester to deduct this from your Bursar student account.

Please share your health enrollment plans below:

Plan to enroll in the Brown University student health insurance plan

Plan coverage by parents' health insurance plan

Individual outside coverage that costs _____ per _____ (only include cost **you the student** pay for your insurance plan)

Did you attend Brown University last year (2025-26) and if so, were you enrolled in the Student Health Insurance Plan? Yes No

C. TIME AWAY

Do you anticipate taking time away from your MD studies during the 2026-27 aid year?	Yes	No
If yes, will it be for a leave of absence (LOA)?	Yes	No
If yes, will it be for the Academic Scholars Program (ASP)?	Yes	No

D. MILITARY AFFILIATION

Are you currently affiliated with any branch of military including Active, Reservist, and National Guard?	Yes	No
Have you ever been discharged by the Armed Forces?	Yes	No

E. AUTHORIZATION TO RELEASE

Do you authorize the Office of Financial Aid to discuss your financial aid package and student account with your parents(s) or other persons?

Yes No

If you answered "Yes", please provide the name(s) of the person(s) with whom you authorize us to speak to and your relation to them:

_____ AUTHORIZED PERSON(s)	_____ RELATIONSHIP(s)
_____ STUDENT SIGNATURE	_____ DATE



F. STUDENT FAMILY INFORMATION

This section helps us understand your present-day household as the student and any dependent(s) you may have. If your spouse will be enrolled in a college or graduate school for Fall 2026, please provide details under “occupation”.

Individual	Name	Age	Occupation
<i>Self</i>			
<i>Spouse</i>			
<i>Dependent 1</i>			
<i>Dependent 2</i>			
<i>Dependent 3</i>			

G. PARENT FAMILY INFORMATION

This section helps us understand your *parents’* household information. Please fill this section out completely with information pertaining to **both parents** even if one happens to provide greater emotional or financial support.

Family Member	Name	Age	Current Marital Status
<i>Parent 1</i>			
<i>Parent 2</i>			
<i>Stepparent 1</i>			
<i>Stepparent 2</i>			

**If the above parents did not file a joint return, please provide 2024 returns for both parents.*

H. PARENTAL ASSISTANCE AND ASSETS

Will you live with a parent(s) during the 2026-27 academic year as a commuting student?	Yes	No
Will a parent(s) or other relative(s) provide you with any financial assistance during the 2026-27 academic year?	Yes	No
If you answered “Yes”, please enter the approximate amount of assistance: \$ _____		
Do either or both of your parents own a business?	Yes	No
If you answered “Yes”, please be sure to complete the Business Information Form and submit with all requested documentation.		
Do either or both of your parents own real estate (other than their home)?	Yes	No
If you answered “Yes”, please list the address(es): _____ _____		
If you answered “Yes”, please be sure to complete the Property Value Clarification Form.		
Do you have access to a trust fund?	Yes	No
If yes, please provide total value of the trust _____.		



I. FAMILY MEMBERS AND COLLEGE ENROLLMENT

Please list all siblings that reside in your parents' household(s). If applicable provide information for those that will be enrolled in a college or graduate school in Fall 2026. Enrollment status will be verified each fall.

Family member	Name	Age	Name of School/College student will attend 2026-2027 year	Estimated Graduation Date	Type of Program (BA, Masters, PhD)	2026-27 Enrollment Status
<i>Sibling 1</i>						
<i>Sibling 2</i>						
<i>Sibling 3</i>						
<i>Sibling 4</i>						

J. STATEMENT OF STUDENT UNDERSTANDING

As a financial aid recipient, I understand that I must notify the Office of Financial Aid in writing if I receive aid from outside sources, reduce my course load, or if circumstances arise that significantly improve or reduce my financial resources or those of my family. In any of the above cases, I understand that my original financial aid offer may need to be adjusted in accordance with institutional policies and/or federal regulations. I further understand that the information provided on this form and other documents may be shared with the federal government. I give permission to Brown University to release academic, personal and scholarship assignment information to donors or prospective donors, and understand that I may be required to provide further information to donors in the future. I also give permission to include my name and the names of the scholarships I receive in a directory that is shared with donors, prospective donors, and fellow students. I allow the photo taken by the medical school administration in my first year to be released to the donors who fund my scholarship.

I must attend a One-on-One meeting in my first year with the Office of Financial Aid. I agree to accept responsibility for repayment of any loans offered to me and understand that when I graduate, withdraw or cease to be enrolled at least half-time, I must complete the federal exit program. The information that my parents and I have submitted in this application and on other required financial aid forms is complete and correct to the best of our knowledge. I understand that Warren Alpert Medical School reserves the right to cancel or reduce my aid offer if any information submitted by my parents or me is incomplete or inaccurate.

STUDENT SIGNATURE

DATE

K. SPECIAL CIRCUMSTANCES

Please complete the [2025 Special Circumstance Form](#) if:

1.) Your prior, prior year (2024) is not an appropriate reflection of your current income

Note: If your student income is less than \$20,000, you do not need to report a change. It will not affect your estimated contribution.

2.) Your parent(s) income/resources have changed significantly as of January 1, 2025 to present

3.) Other circumstances have changed significantly as of January 1, 2025 to present

Please upload this form through Self-Service Banner (SSB)