



**A. STUDENT INFORMATION**

|  |                    |                  |
|--|--------------------|------------------|
| STUDENT NAME ( <i>Last, First Middle</i> ) | MD GRADUATION YEAR | BANNER ID NUMBER |
|--|--------------------|------------------|

**B. HEALTH INSURANCE**

AMS students are automatically charged the full year Student Health Insurance Plan (SHIP) in the fall semester. The Office of Insurance and Purchasing Services is the office that posts this charge. If you will be covered under **another plan** from August 2020-August 2021, please complete the required health insurance **waiver** available on the Office of Insurance site prior to the fall semester to deduct this from your account. Please share your health enrollment plans below:

- Plan to enroll in the Brown University student health insurance
- Plan Coverage by parents' health insurance plan
- Individual outside coverage and cost \_\_\_\_\_

**C. 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

**D. 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            |

**E. STUDENT HOUSEHOLD INFORMATION**

This section helps us understand your present day household, as the student and any dependent(s) you, as the student may have.

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

**F. PARENT HOUSEHOLD INFORMATION**

This section helps us understand you and your biological parents' household information. Understanding which parent(s) gives you the **most financial and emotional support** is necessary for determining financial need.

| Family Member              | Name | Age | Current Marital Status reported on FAFSA | Which parent(s) information did you report on the FAFSA? |
|----------------------------|------|-----|--|--|
| <i>Biological Parent 1</i> |      |     |  |  |
| <i>Biological Parent 2</i> |      |     |  |  |
| <i>Stepparent 1</i>        |      |     |  |  |
| <i>Stepparent 2</i>        |      |     |  |  |

*\*If the above biological parents did not file a joint return, please provide 2018 returns for both parents*



**G. PARENTAL ASSISTANCE AND ASSETS**

Will you live with a parent(s) while attending AMS, during the 2020-21 academic year as a commuting student?  Yes  No

Will a parent(s) or other relative(s) provide you with any financial assistance during the 2020-21 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): \_\_\_\_\_  
\_\_\_\_\_

**H. SIBLING(S) COLLEGE ENROLLMENT**

Please indicate each sibling living in your parents’ household(s) and, provide information for those enrolled in college or graduate school and will matriculate in Fall 2020. Sibling enrollment status will be verified each fall.

| Family member    | Name | Age | Name of School/College student will attend 2020-2021 year | Estimated Graduation Date | Type of Program (BA, Masters, PhD) | 2020-21 Enrollment Status |
|------------------|------|-----|---|---------------------------|------------------------------------|---------------------------|
| <i>Sibling 1</i> |      |     |   |                           |                                    |                           |
| <i>Sibling 2</i> |      |     |   |                           |                                    |                           |
| <i>Sibling 3</i> |      |     |   |                           |                                    |                           |
| <i>Sibling 4</i> |      |     |   |                           |                                    |                           |

**I. STATEMENT OF STUDENT UNDERSTANDING**

As a financial aid recipient, I understand that I must notify the AMS 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 AMS 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 at Orientation 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 the 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 incorrect.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**J. SPECIAL CIRCUMSTANCES**

Please complete the [2019 Special Circumstance Form](#) if:

- Your prior, prior year (2018) is not an appropriate reflection of your current income.  
*\*Note: If your student income is less than \$12,000, you do not need to report a change. It will not affect your estimated contribution.*
- Your parent(s) income/resources has changed significantly as of January 1, 2019-present
- Other circumstances have changed significantly as of January 1, 2019 to present

Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>