



A. STUDENT INFORMATION

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

AMS 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 2024- August 2025, 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 _____ and cost _____ (only include cost *you the student* pay for your insurance plan) per _____

C. TIME AWAY

Do you anticipate taking time away from your MD studies during the 2024-25 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, 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>			



G. PARENT FAMILY INFORMATION

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

Family Member	Indicate here the parent whose information was provided on the CSS Profile	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 2022 returns for both parents.*

H. PARENTAL ASSISTANCE AND ASSETS

Will you live with a parent(s) while attending AMS, during the 2024-25 academic year as a commuting student? Yes No

Will a parent(s) or other relative(s) provide you with any financial assistance during the 2024-25 academic year? Yes No

If you answered "Yes", please enter the approximate amount of assistance: \$ _____ per

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. 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 2024. Sibling enrollment status will be verified each fall.

Family member	Name	Age	Name of School/College student will attend 2024-2025 year	Estimated Graduation Date	Type of Program (BA, Masters, PhD)	2024-25 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 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 by AMS 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 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 inaccurate.

STUDENT SIGNATURE

DATE

K. SPECIAL CIRCUMSTANCES

Please complete the [2024 Special Circumstance Form](#) if:

1.) Your prior, prior year (2022) 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.**

2.) Your parent(s) income/resources have changed significantly as of January 1, 2023 to present

3.) Other circumstances have changed significantly as of January 1, 2023 to present

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