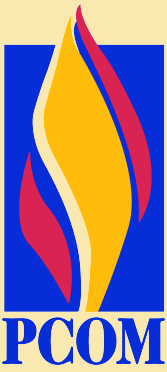


# 2009/2010 FINANCIAL AID APPLICATION



Philadelphia  
College of  
Osteopathic  
Medicine

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_

Student's Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Student's Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Telephone \_\_\_\_\_

Marital Status  Single  Married  Divorced  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Number of dependent children for whom you provide more than one half of their support [    ]

Citizenship Status  U.S. Citizen  Eligible Non-citizen  Other \_\_\_\_\_

Do you have a spouse or sibling attending PCOM?  Yes  No

If so, please list relative's name and program \_\_\_\_\_

**When do you begin classes**  May 2009  June 2009  August 2009  
(The academic year spans May 2009 to May 2010)

### Select Program (2009-2010):

- Doctor of Osteopathic Medicine
- Doctor of Psychology in Clinical Psychology
- Doctor of Psychology in School Psychology
- Certificate in Biomedical Sciences
- Master of Science in Biomedical Sciences
- Master of Science in Forensic Medicine
- Pathway to Forensic Medicine
- Master of Science in Health Sciences (Physician Assistant)
- Master of Science in Counseling & Clinical Health Psychology
- Master of Science in Organizational Development and Leadership
- Master of Science in School Psychology
- EdS/Certification in School Psychology

### Select Year (2009-2010):

- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th
- 1st  2nd  3rd  4th  5th  6th

Will you be enrolled in a dual degree program?  Yes  No

If yes, please list programs \_\_\_\_\_

Will you be receiving any of the following scholarships?  Yes  No (if Yes, please check below)

NHSC  OMM FELLOWSHIP  ARMED FORCES \_\_\_\_\_  OTHER \_\_\_\_\_

Have you previously borrowed or received Federal Student Aid at PCOM?  Yes  No

What is your anticipated graduation date? \_\_\_\_\_

## APPLY FOR FEDERAL STAFFORD LOAN 2009-2010 ACADEMIC YEAR

Will you be applying for a Federal Stafford Loan for 2009-2010 academic year?     Yes     No

Please specify the loan amount you are applying for, so we can certify your loan.    \$ \_\_\_\_\_

### 2009-2010 ANNUAL FEDERAL STAFFORD LOAN LIMITS

Program and year enrolled in for 2009-2010	D.O. 1st and 2nd	D.O. 3rd and 4th dual degree	Graduate
<b>Subsidized</b> A need based loan. Loans that have no interest cost during school, the grace period, and any deferment periods for which the borrower might qualify.	\$8,500	\$8,500	\$8,500
<b>Unsubsidized</b> Not a need based loan. Loans that accrue interest immediately upon disbursement. The interest that accrues and is unpaid is eventually capitalized.	\$32,000	\$38,667	\$12,000
<b>Maximum Yearly Total Amount</b>	<b>\$40,500</b>	<b>\$47,167</b>	<b>\$20,500</b>
<b>Total life-time aggregate Stafford Loan Limits:</b>			
	D.O. Programs \$224,000	Graduate Programs \$138,500	

### INSTITUTIONAL NEED-BASED AID POLICY

All students who wish to be given consideration for PCOM institutional assistance are required to report family income and financial information on the FAFSA and to **submit copies of supporting 2008 tax returns to the Financial Aid Office**. Family income information is used as a factor to distinguish among students who are applying for free institutional funds based upon need.

Please sign this aid application indicating the supporting documentation you will submit this year. **CHECK ONLY ONE OF THE FOLLOWING:**

- A. Signed parental 2008 federal income tax return(s) will be submitted to document my FAFSA information in order to be given consideration for institutional grants.
- B. Signed student/spouse 2008 federal income tax return(s) will be submitted to document my FAFSA information along with a letter describing my reasons to request alternative consideration for institutional grants.
- C. I do not wish to apply for institutional grants and therefore will not submit income information unless such documentation is required for federal verification.

**Note:** The processing of your financial aid will be delayed if you do not check one of the above boxes and provide the required documents as listed in your selection. The supporting documentation is part of the application for choices A or B and is also required by the April 15th deadline.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail or return to: PCOM, Financial Aid Office, 4190 City Avenue, Suite 203, Philadelphia, PA 19131 Fax (215) 871-6179.**