

Use this worksheet to help collect your financial information prior to completing the University of Virginia Financial Aid Application on-line.

All fields marked with an asterisk (*) are required fields and must be completed before you will be allowed to proceed with your application. If a required field is a financial question, but does not apply to you, enter the number “0” (zero).

WELCOME SECTION			
Question on Application	Further Explanation	Choices (if applicable)	Your Response
*What is your expected Enrollment Status?	This field indicates in which school you will be enrolled during the 2009-2010 Academic Year.	Certificate Darden Graduate Law Medical Post Bac Pre-Med Undergraduate	Medical
*What will be your year in school during 2009-2010?	Select which year you are in Medical School.	Med 1, Med 2, Med 3, Med 4	
*What is your Social Security Number?	The University of Virginia requires the social security number of prospective or current students who apply for financial aid in order to match the student's data with information from the US Department of Education.		
*What is your preferred e-mail address?	Current UVA students should provide their UVA e-mail address; if you are an applicant , please provide a preferred e-mail address so that we know where to send information prior to the establishment of your UVA e-mail account.		

INTENT SECTION

This is the only section of the application that WILL be available for update after you submit your application.

Question on Application	Further Explanation	Choices (if applicable)	Your Response
Please select the type(s) of aid you are interested in:	Choose whether you are interested in only Federal Financial Aid (which includes Stafford Student Loans and Federal Graduate PLUS Loans), or Federal and Institutional Aid including Medical School Scholarships and loans.	Federal Financial Aid Federal & Institutional Financial Aid	
Will you be enrolling in a joint degree program?	Check this box if you plan to enroll in a joint degree program. If you check this box, you will be asked to provide the Name of the Program.		

STUDENT SECTION**ALL PAGES FROM HERE FORWARD CANNOT BE CHANGED ONCE SUBMITTED.****PLEASE CHECK THIS INFORMATION CAREFULLY PRIOR TO SUBMITTING YOUR FORM.**

All fields marked with an asterisk (*) are required fields and must be completed before you will be allowed to proceed with your application. If a required field is a financial question, but does not apply to you, enter the number "0" (zero).

Question on Application	Further Explanation	Choices (if applicable)	Your Response
Marital Status			
*What is your marital status?	If you are divorced, you should select Unmarried. If you select Married/Remarried , you will include information about your spouse in the student (spouse) sections. If you select Separated or Unmarried , and have indicated that you are applying for federal and institutional aid, you will be asked to complete additional information about your parents.	Married/Remarried Separated Unmarried	
If selected Married/Remarried:			
Is your Spouse a Student?	If you select Married/Remarried, please indicate if your spouse is a student.	Yes or No	

If Separated or Unmarried, or if you are Married and your spouse is a student, you must provide Parent information to apply for school aid. Complete or have your parents complete the Parent information worksheet, so that you can provide their information on the application.

Student Household Information

Question on Application	Further Explanation	Choices (if applicable)	Your Response
Include in your household: (1) Yourself, and your spouse if you are married (2) if you have children and you will provide more than half of their support from July 1, 2009 through June 30, 2010; (3) Other people only if they live with you and you will provide more than half of their support from July 1, 2009 through June 30, 2010.			
Household Member Info	You will be asked to enter the names, birthdates, relationship, College type and year in school of yourself and your family members included as a household member (as described above). Click on Add Member at the end of the line to add a household member's information.		

Student (Spouse) Income and Benefits			
Question on Application	Further Explanation	Choices (if applicable)	Your Response
*Tax Filing Status		Completed Will File, not completed Will not file, not required	
As of today, are you or your spouse a dislocated worker?	Answer yes if you or your spouse have lost your job, been laid off or received a lay-off notice, are receiving unemployment benefits due to being laid off or losing a job and are unlikely to return to a previous occupation, are self-employed but are unemployed due to economic conditions or natural disaster.	Yes or No	
2008 Untaxed Income and Benefits			
Student (Spouse) Assets			
If you (the student) are married, please include information about you and your spouse. When completing the form on-line, you must enter amounts in ALL fields marked with an asterisk (*), as they are required. If a required financial question does not apply to you, please enter the number "0" (zero).			
Question on Application	Further Explanation	Choices (if applicable)	Your Response
*Student (and spouse) cash, savings, checking accounts	Provide the balances in your accounts as of the date you are completing this application.		
Investments			
*Uniform Gifts to Minors (or similar accounts)			
*Trust Funds	If an amount is entered in this field, you will be asked to provide the type of trust that you (and your spouse if applicable) have further down in the form.		
*Stocks, stock options, bonds, savings bonds, and mutual funds			
*Money Market Funds			
*Certificates of Deposit			
*Student (Spouse)'s Educational Savings Plan (Current Value for all children)			
*Student (Spouse)'s State Prepaid Education Program (Net or Refund Value for all children)			
*Non-qualified (non-retirement) annuities			
*Commodities			

Student (Spouse) Assets (continued)			
Question on Application	Further Explanation	Choices (if applicable)	Your Response
*Precious and Strategic Metals			
*Installment and land sale contracts (including seller-financed mortgage)			
*What is owed on these investments?	Provide the amounts owed on any of the above mentioned investments.		
What is your housing status?		Home Owner Renter Other	
If you selected Home Owner, you will be asked to provide:			
Year Purchased			
Purchase Price			
Present Market Value			
Debt or Principal Amount Owed	Include in this amount ALL loans that are borrowed against your home, including Home Equity loans.		
Monthly Home Mortgage payment	Include in this amount ALL monthly payments made toward the debt listed above.		
If you select Renter, you will be asked to provide:			
Monthly rental payment	Provide the amount of rent you pay for the home in which you reside.		
*Other Real Estate Present Market Value	If you own Real Estate other than your primary home, enter the value here. If not, enter 0.		
*Other Real Estate Debt or Principal Owed	If you own other Real Estate, enter the amount of debt currently held on this other real estate. If you do not own other real estate, or do not owe any other debt, enter 0.		
Do you own a Business?			
If you select Yes to the above question, you will be asked to provide the following information:			
Student's Business Type	Provide the type of business you and/or your spouse own, or leave blank if you do not own a business.		
*Business Present Market Value	Provide the Present Market Value of the business, or the number 0 if you do not own a business.		
*Debt or Principal Amount Owed	Provide the Debt or Principal Owed, or the number 0 if you do not own a business.		
Do you have more than 100 employees?	Click yes or no accordingly, if you own a business.	Yes or No	

Student (Spouse) Assets (continued)			
Question on Application	Further Explanation	Choices (if applicable)	Your Response
Monthly draw from business for personal expenses.	Enter the amount you draw monthly from the business for personal expenses. If you do not own a business, leave blank.		
Do you own a Subchapter "S" Corporation or Partnership?		Yes or No	
Do you own a Farm?		Yes or No	
If you select Yes to the above question, you will be asked to provide the following information:			
*Present Market Value	Provide the Present Market Value of the farm you own.		
*Debt or Principal Owed	Provide the Debt or Principal Owed on the farm you own.		
Family lives on farm?		Yes or No	
Student (Spouse) Expected Resources			
Question on Application	Further Explanation	Choices (if applicable)	Your Response
Are or will you or your spouse be receiving Veterans Benefits?		Yes or No	
If you select Yes to the above question, you will be asked to provide the following information:			
What type of Veterans Benefits are or will you be receiving?		Chapter 1606, Chapter 1607, Chapter 30, Chapter 31, Chapter 32, Chapter 33, Chapter 35, Educational Assistance Program (Sect. 901), Restored Entitlement Program for Survivors - REPS (Sect. 156)	
How much are your Veteran's Benefits?			
Monthly Amount			
Number of months to be received			

Student (Spouse) Expected Resources (continued)

Question on Application	Further Explanation	Choices (if applicable)	Your Response
*Student's Summer Gross wages/salaries (Jun, July, Aug 2009)	Enter the amount you will earn in the summer months prior to enrollment.		
*Student's Projected gross wages/salaries (Sept. 2009-May 2010)	Enter the amount you will earn during your first year of medical school.		
*Spouse's Summer Gross wages/salaries (Jun, July, Aug 2009)	Enter the amount your spouse will earn in the summer months prior to enrollment.		
*Spouse's Projected gross wages/salaries (Sept. 2009-May 2010)	Enter the amount your spouse will earn during your first year of medical school.		
*Student (Spouse)'s expected Summer savings (Jun, Jul, Aug 2009)	Enter the amount you and your spouse expect to save over the summer months prior to enrollment.		
*Student (Spouses)'s Summer Other taxable income or (loss) (Jun, Jul, Aug 2009)	Enter the amount of taxable income that you and your spouse will receive (other than wages/salary) in the summer months prior to enrollment.		
*Student (Spouse)'s Projected Other taxable income or (loss) (Sept. 2009 - May 2010)	Enter the amount of taxable income that you and your spouse will receive (other than wages/salary) during your first year of medical school.		
*Student (Spouse)'s Summer Nontaxable Income/Benefits (Jun, Jul, Aug 2009)	Enter the amount of nontaxable income that you and your spouse will receive (other than wages/salary) in the summer months prior to enrollment.		
*Student (Spouse)'s Projected Nontaxable Income/Benefits (Sept. 2009 - May 2010)	Enter the amount of nontaxable income that you and your spouse will receive (other than wages/salary) during your first year of medical school.		
Will you receive an outside scholarship (non-University Award)?		Yes or No	
If you selected Yes to the above question, please provide information on the non-university award(s)	If you will receive an outside scholarship, please list the name of the Awarding Agency, the Award amount Per Year (please note that scholarships will be applied 1/2 per semester); and indicate if the award is renewable.		

Restricted Scholarship Information (Optional)

Question on Application	Further Explanation	Choices (if applicable)	Your Response
If you would like to be considered for our restricted scholarships, please provide the following information to help us determine your eligibility.			
Offices Held/Accomplishments			
Cultural Activities/Interests			
Community Service; Achievements			
Special Honors			
Organizational Memberships			
Hobbies			
Geographical Area	Provide information about the geographic areas in which you have lived and the years you lived there.		
Medical Specialty of Interest		Endocrinology, Family Practice, General Internal Medicine, General Pediatrics, Geriatrics, I am undecided at this time, Neurology, Ophthalmology, other, Otolaryngology, Preventive Medicine, Primary Care, Psychiatry	
Religious Affiliation		Catholic, Jewish, Other, Protestant	
Ethnic / National Background		Armenian descent, Black American, Czechoslovakian, Greek descent, Hispanic American, Italian American descent, Japanese American, Native American, Polish descent, Portuguese National - Origin, Scottish descent, Society of Clan Gregor	
Do you have Southern Parentage?		Yes or No	
Would you consider practice in a rural area of Virginia?		Yes or No	

Restricted Scholarship Information (continued)

Question on Application	Further Explanation	Choices (if applicable)	Your Response
Would you consider returning to practice in southwest Virginia?		Yes or No	
Have you ever done Cancer research?	If you answered yes, specify date and location.	Yes or No	
Do you intend to serve mankind through organized religion?	If you answered yes, please provide a brief statement of your goals/objectives.	Yes or No	
Are you the child of two naturalized Citizens?			

Student Release/Certification Page

You, as the student, are required to certify that the information provided on the University Financial Aid Application is true and accurate to the best of your knowledge. To do this, you must click on the Submit button at the end of the Student Release/Certification page. This action will release the form to the Financial Aid Office for processing.

You may also grant the Financial Aid Office permission to release information included in your application including evidence of your financial need, personal data, and academic data in order to be considered for certain additional scholarships that may be available. To grant permission, click on the yes button.

We also ask that you indicate your permission to release information regarding your financial aid eligibility to your parents if we require you to submit your parents' income tax data.

SPECIAL CIRCUMSTANCES

Use the field provided on this page to explain any special circumstances that might negatively affect your ability and/or your parents' ability to contribute toward your educational cost, or to provide any additional information we may need.

PLEASE NOTE, ONCE YOU HAVE CLICKED ON THE SUBMIT BUTTON ON THIS PAGE, YOU WILL NOT BE ALLOWED TO UPDATE ANY INFORMATION OTHER THAN WHAT IS ON THE INTENT PAGE. PLEASE CHECK YOUR DATA PRIOR TO CLICKING ON THE SUBMIT BUTTON.