AUA FINANCIAL AID FORM

Please complete and return by email: studentfinancialservices@auamed.org or fax 646-417-6220

	Name	St	udent ID#		DOB/_	/
	Address		City		State	Zip
	E-mail		Daytime Phone Number			
1.	AFSA Filed on (approximate date) www.fafsa.gov					
2.	Entrance Counseling Unsubsidized filed (date) www.StudentLoans.gov (first time borrowers at AUA only)					
3.	Entrance Counseling Grad Plus filed (date) www.StudentLoans.gov (first time borrowers at AUA only)					
4.	Unsubsidized MPN filed on (date) www.StudentLoans.gov					
5.	Grad Plus MPN filed on (date)	www.St	udentLoans.go	<u>v</u>		
6.	Applied For Grad Plus (please circle) Credit approved (please circle)	Yes Yes	No No	www.Studer	<u>itLoans.gov</u>	
7.	Date Completed the Virtual Financial Aid Office (/FAO) Inter	view	https://	/auamed.vfao.coi	<u>m</u>
8.	Expected Graduation Date:			_		
9.	Year in Program Basic Sciences Clinical List Two Semesters List Two Semesters					
10.	Are you attending another institution during the a lf yes, name of institution	-			No ect Loans Yes	No
11.	Will you receive any institutional scholarships or	grants from	AUACOM durir	ng the 2015-16 y	/ear?	
(P	lease circle) Yes No					
	ACCEPTING A FEDERAL DIRECT LOAN Eligibility is subject to change according to any changes in the Financial Aid package, enrollment, matriculation status, and/or budget/cost of attendance. Please indicate the amount of Federal Direct Loan to borrow:					
	Federal Direct Unsubsidized Loan Amount			(maximum an	nount is \$20,500))
	Would you like the maximum of Grad Plus (ple	ease circle)	Yes	No		
	If no, Federal Direct Grad Plus Loan Amount					
A P	You are allowed to borrow up to the Cost of Atter Are approximately \$35,500 and other expenses su Please refer to VFAO for your exact COA. Remem onservatively.	uch as livin	g expenses, bo	ok, transportat	tion are approxim	mately \$25,000.

Student Signature (required) ______ Date _____