

# KUMC STUDENT DATA FORM 2008-2009

**FAFSA Priority Deadline: February 14, 2008**

Return to: KU Medical Center  
3901 Rainbow Blvd. MS 4005  
Kansas City, KS 66160  
FAX (913) 588-8841

Phone: (913) 588-5170  
E-Mail: [financialaid@kumc.edu](mailto:financialaid@kumc.edu)  
[www.kumc.edu/studentcenter/financialaid.html](http://www.kumc.edu/studentcenter/financialaid.html)

Office Use Only/Date Stamp

**NOTE: STUDENTS PURSUING AN M.D. DEGREE ARE NOT REQUIRED TO COMPLETE THIS FORM.**

**Applicant Information:** KU ID# \_\_\_\_\_ (if known) **OR**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Name \_\_\_\_\_ Maiden (or previous) \_\_\_\_\_  
Last First MI

## Applicant's Educational Information:

What Degree are you seeking from KUMC?

Certificate  Bachelor's  Master's  Ph.D.  Doctorate  Other \_\_\_\_\_

KUMC area of study \_\_\_\_\_ What is your expected graduation date from KUMC? \_\_\_\_\_  
(MM/YY)

**The following section will be used to determine your cost of attendance. Your financial aid is awarded based on your cost of attendance, therefore, your answers in the following section are very important. If you fail to enroll in the amount of hours for the semester that you have specified below, your financial aid awards could be reduced and delayed. If you have changes in your enrollment after submitting this form, please contact our office.**

Your Planned Enrollment at KUMC (Please do not leave blank):

**Summer 2008**  Full time  Half time  Less than half time  Not planning to enroll Anticipated Hours \_\_\_\_\_

**Fall 2008**  Full time  Half time  Less than half time  Not planning to enroll Anticipated Hours \_\_\_\_\_

**Spring 2009**  Full time  Half time  Less than half time  Not planning to enroll Anticipated Hours \_\_\_\_\_

Use the following chart to determine your planned enrollment at KUMC:

Undergraduates	Summer	Fall	Spring	Graduates	Summer	Fall	Spring
Full time	6+	12+	12+	Full Time	6+	9+	9+
Three-quarter time	n/a	9-11	9-11	Half Time	3-5	6-8	6-8
Half Time	3-5	6-8	6-8	Less than Half time*	< 3	< 6	< 6
Less than Half time*	< 3	< 6	< 6				

**Most federal financial aid programs require at least half time enrollment. If you will NOT be enrolled at least half time at KUMC, please notify our office prior to the beginning of the semester of less than half time enrollment. If you are enrolling at another institution for courses that apply to your degree at KUMC, you must notify our office in advance. Further documents will be required.**

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### Graduate Students Stipends, Teaching Assistantships and Tuition Assistance

If your department/school is paying all or a portion of your tuition due to a research/teaching assistantship, we need to include this as a resource on your award letter. If you receive a monthly stipend, please list below.

- I will receive \$ \_\_\_\_\_ monthly stipend for \_\_\_\_\_ months. The period of support begins \_\_\_/\_\_\_ and ends \_\_\_/\_\_\_\_. This stipend is based on my employment.  Yes  No  Don't know
- My tuition is paid in full or in part by either my department or an outside entity. Please indicate percentage of tuition that is being paid on your behalf: \_\_\_\_\_%
- At this time, I do not know whether or not I will be receiving a research/teaching assistantship or monthly stipend. If, at a later date, I am awarded such support, I will immediately inform the Office of Student Financial Aid.
- I WILL NOT receive any form of support from my department or an outside entity.
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### Nursing Students (Graduate & Undergraduate)

Have you ever received a Federal Nursing Loan (not Stafford Loan) from somewhere **other than KU Medical Center**?

- No  Yes If yes, what institution/State? \_\_\_\_\_
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### Separate applications are required for the following programs:

- Scholarship for Disadvantaged Students (Undergrad Nursing students only)...priority deadline May 31, 2008
- State of Kansas Scholarship.....priority deadline May 1, 2008
- State of Kansas Nursing Scholarship.....priority deadline May 1, 2008
- State of Kansas Ethnic Minority Scholarship.....priority deadline May 1, 2008
- Departmental Scholarships (deadlines vary-contact your department)

Visit the Financial Aid Programs link on our website for applications and more information about these programs.

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### Please read the following and initial indicating that you have read this important information.

- \_\_\_\_\_ Any financial aid that I receive is to be used for education-related expenses.
- \_\_\_\_\_ The preferred method of contact by financial aid is e-mail and that I am responsible for checking my e-mail.
- \_\_\_\_\_ There are limitations to what the Office of Financial Aid can do in situations that arise.
- \_\_\_\_\_ I must be enrolled in at least 6 hours during the fall and spring semesters and 3 hours during the summer in order to remain eligible for most financial aid programs.
- \_\_\_\_\_ I must notify the KUMC Financial Aid Office if I desire financial aid to take courses at another institution.
- \_\_\_\_\_ I must contact the KUMC Financial Aid Office if I receive outside assistance not previously reported.
- \_\_\_\_\_ If I receive additional assistance, my financial aid may be adjusted.

### Part III: Signature(s)

I certify that I do not owe a refund on any grant or loan. I am not in default on any loan and have not borrowed in excess of the loan limits, under the Title IV programs, at any institution. I will use all Title IV money received only for expenses related to my study at: THE UNIVERSITY OF KANSAS MEDICAL CENTER.



**Note: Must be signed to be considered valid**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed