The University of Kansas Medical Center

Student Non-Filer Statement 07-08

Return to:
University of Kansas Medical Center
Student Financial Aid
3901 Rainbow Blvd., MS 4005
4003 Student Center
Kansas City, KS 66160-7192

(913) 588-5170 Phone (913) 588-8841 Fax
E-mail: financialaid@kumc.edu

If you are applying for the **Primary Care Loan and/or the Scholarship for Disadvantaged Students** and you did not file a **2006** Federal Income Tax Return, please indicate your source(s) of support during **2006** and return this form to the Department of Student Financial Aid.

Name_____ KU ID_____
Last First MI

How many people will be dependent on your income from July 1, 2007 – June 30, 2008?_____

Please indicate how you supported yourself during **2006** using the following sources:

Wages, salaries, tips, etc.	$_____
Dividends	$_____
Interest	$_____
Social Security Benefits	$_____
Child Support	$_____
Welfare, ADC, AFDC	$_____
Veteran's Benefits	$_____
Parental Support	$_____
Student Financial Aid	$_____
Other (specify)	$_____

_____

_____

I attest to the accuracy of the information in this document.

_____ _____
STUDENT'S SIGNATURE DATE