

**Medical Student Summer 2007  
Request for Additional Loans Application**

The University of Kansas Medical Center  
Office of Student Financial Aid  
www.kumc.edu/studentcenter/financial.aid.html

MS 4005, 3901 Rainbow Blvd  
4003 Student Center Bldg  
Kansas City, KS 66160

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

If you are a medical student enrolling in summer courses and you want financial aid, please complete this form. We are required to verify your enrollment before this application can be processed. We will also verify your anticipated resources available before determining your aid eligibility. Summer aid will be based on the 2007-08 FAFSA form.

\_\_\_\_\_  
Name Last (Please print)

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
KU ID

\_\_\_\_\_  
Start date of course/ end date

1. How much assistance are you requesting?

Indicate the total amount requested \$ \_\_\_\_\_ or Maximum Available \_\_\_\_\_

If you are traveling abroad and have airfare costs that you would like to be considered as part of the cost of attendance, please attach documentation of the airfare expenses incurred.

2. What type of loans will you consider? (check all that apply)

\_\_\_\_\_ I will consider Federal Subsidized and/or Unsubsidized Stafford Loans

\_\_\_\_\_ I will consider a Federal Grad PLUS loan

\_\_\_\_\_ I will consider a long term KU Endowment Loan (co-signer required)

\_\_\_\_\_ I will consider a private loan

You will be awarded up to the amount requested, provided you have remaining loan eligibility. The total amount awarded cannot exceed need (Subsidized) or cost of attendance (Unsubsidized, KU Endowment Loan, Grad PLUS loan, Private Loan). A separate loan application will be required for a Grad PLUS, Endowment or Private Loan.

3. What other types of resources have you or will you be given for this time period?

\_\_\_\_\_

4. Are the course(s) you are enrolling in elective YES/ NO or remedial YES/NO?

If the course(s) are remedial and are taken at another institution, please contact our office for additional required documentation.

**BY SIGNING THIS FORM, I AM ACCEPTING THE ABOVE AWARDS.**

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

\_\_\_\_\_  
Date