

UAB FINANCIAL AID

The University of Alabama
at
Birmingham

2003 - 2004

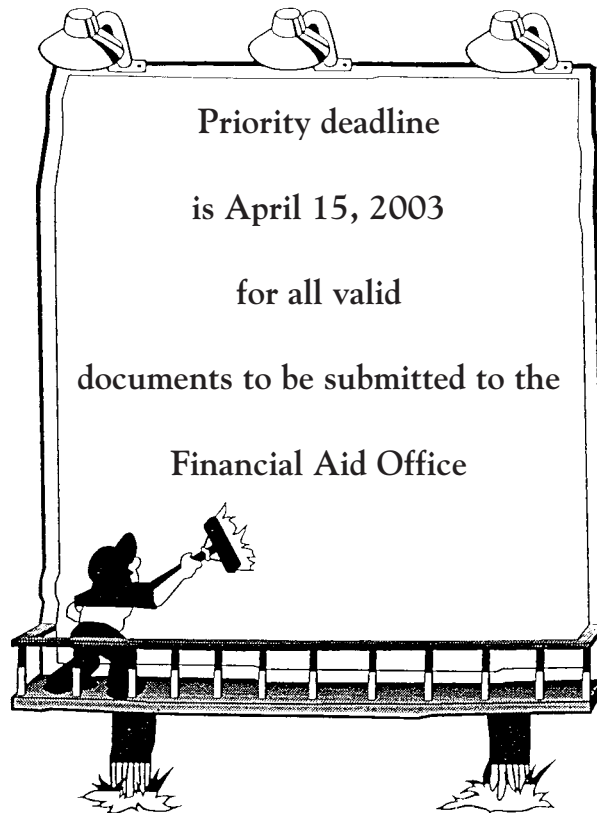
Financial Aid Information
&
Application Packet



Internet Address For Forms & Scholarship Information
<http://main.uab.edu/uasom/show.asp?durki=2160>
FAFSA On Line: WWW.FAFSA.ED.GOV

Federal School Code
001052

PLEASE READ ALL THE INFORMATION IN THIS PACKET



**Scholarship Application Deadline
April 15**

Physical Address:
Office of Student Financial Aid
Hill University Center • Suite 317
Birmingham, Alabama

Mailing Address:
HUC 317 • 1400 University Boulevard
1530 3RD AVE S
BIRMINGHAM AL 35294-1150

205/934-8223 (TTY accessible) • FAX 205/934-8941

You can telephone the ACCESS system at 930-0087 off-campus or 5-9600 on-campus. This system can provide you with general or current information on your financial aid application. We hope you will utilize and benefit from this option.

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Regulations that govern federal student financial assistance programs require that the amount of assistance the student receives from all sources does not exceed the cost of attendance as defined by the Office of Student Financial Aid.

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LOAN PROCESS CHECKLIST FOR STUDENT FINANCIAL AID

Please Read This Page Before You Proceed

1. The **Free Application for Federal Student Aid (FAFSA)** or an internet application must be completed. This application will produce a Student Aid Report (SAR). The SAR will be mailed to you and the Financial Aid Office (FAO) will electronically receive the results. Read the SAR for instructions. If you are selected for verification, federal tax forms and verification materials are required by the FAO.
2. The **Financial Aid Data Sheet (FADS)** on pages 17-18 must be completed and returned to the FAO. The **Title IV Funds Authorization Form**, page 15, must be completed and returned also.
3. When all forms are received and the financial aid award is finalized a **Notification of Financial Aid Eligibility** letter and a **Financial Aid Reply Notice** card are mailed to you at the local address on file.
4. You must review the award, sign the notice card and return the card to the FAO.
5. For all first time borrowers on the Federal Direct Stafford Loan Program, a **Master Promissory Note** will be mailed to you at your local address on file. You must complete the reference section, sign and date one copy of the note. The Promissory Note is to be returned to the FAO. (This note must be returned before a check will be processed. Failure to return the note promptly will result in a delay of payment.)
6. Repeat borrowers who have signed a **Master Promissory Note** will not have to sign another promissory note.
7. The Office of Student Accounting Services (SAO) credits your account for charges. If the loan proceeds exceed your charges, a check is issued.
8. You may elect to have the excess funds deposited directly into your bank account. Your funds will be deposited into your bank by the third day of the term. If your aid is disbursed later, your funds will be deposited within three business days. You can sign up for DIRECT DEPOSIT by filling out page 25 and attaching a voided check.
9. If you do not elect to have the funds deposited directly into your bank account, a check will be issued. Checks may be picked up in the SAO on the designated disbursement day. If not picked up within 10 days of its issuance, the check will be mailed to you at your local address on file.
10. If the loan proceeds do not cover the amount of tuition, the SAO credits your account and sends you a bill for the difference. This difference must be paid by the due date or a late fee will be charged.

2003-2004 APPLICATION PROCESS FOR STUDENT FINANCIAL AID

Please Read This Page Before You Proceed

1. FAFSA – Free Application for Federal Student Aid
Students who applied for financial aid for 2002-2003 should have received an electronic access code to apply electronically on the internet as a renewal. If you have a change of address from last year you may not have received the access code. If not, you must enter data electronically as a new FAFSA, not as a renewal. Students who have not applied for financial aid previously must file the FAFSA or file electronically. (Instructions for applying electronically are at this web site: WWW.FAFSA.ED.GOV)
2. PERKINS LOAN-PRIMARY CARE LOAN
To be considered for the Perkins Loan and Primary Care Loan you **must complete the FAFSA or file electronically and provide parental information.** Parental information must be provided even though you are considered an independent student. **The questionnaire on page 19 must be completed.** (Read the instructions on page 7 and if you have questions about these loans, contact Mark Martin (205) 934-8707 or (205) 934-8223.)
3. FADS – FINANCIAL AID DATA SHEET
Complete the Financial Aid Data Sheet (FADS) and return it to our office. The FADS is located on pages 17-18.
4. TITLE IV AUTHORIZATION FORM
Complete the Title IV Authorization Form and return it to our office. The Title IV Form is located on page 15.
5. VERIFICATION
A signed copy of the 2002 Federal Income Tax Return for the student/spouse and a Verification Worksheet will be required if you are chosen for a process called verification on the Student Aid Report. Read Part 1 - Information Summary of the SAR for basic information and instructions. The Verification Worksheet may be obtained from the Financial Aid Office or may be mailed to you.
6. FEDERAL DIRECT STUDENT LOANS
UAB is a Federal Direct Loan Program lender and the only lender available for the Stafford Loan. To apply for the Direct Loans (see page 6 for the description of these loans) you will need to submit the loan amount requested on the FADS (page 17 #7). The maximum amount for the Federal Direct Stafford Loan is \$8500 and the Federal Direct Unsubsidized is \$30,000 for a total of \$38,500 or the cost of attendance as determined by the Financial Aid Office.

2003-2004 APPLICATION PROCESS FOR STUDENT FINANCIAL AID

(continued)

7. VETERANS BENEFITS

Veterans or anyone planning to receive veteran benefits are required to submit a Statement of Veterans Benefits Form, page 21. The UAB Veterans Affairs Office located in room 516H of the Hill University Center must complete the Veterans Form.

8. NON-CITIZENSHIP

Proof of eligible non-citizenship must be submitted to our office if you are a non-citizen and have been granted permanent resident status. A copy of the Alien Registration Card is needed for the file.

9. PRIOR LOANS

If you have received student loans before coming to medical school, you must process deferments for these loans or you may go into repayment or default status.

“MEDICINE”– NAME and SOCIAL SECURITY NUMBER must be on all forms submitted to our office.

Use actual data – avoid using estimates when completing the FAFSA. This information may need verification.

Notify our office and Medical Student Records Office if there is a name or address change. Also the Federal Direct Loan Servicer needs a current address. We must have a current local address.

You must reapply for financial aid each academic year.

PLEASE NOTE: If you receive funds (scholarships or loans) from outside sources or scholarships from UAB that would cause your financial aid award to be over the cost of attendance, the award will be reduced. Title IV regulations state that students receiving Title IV funds cannot receive amounts over the cost of attendance as determined by the Financial Aid Office.

FINANCIAL AID PROGRAMS

WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

The University of Alabama at Birmingham participates in direct lending. The Federal government provides the funds and the Office of Student Financial Aid determines the eligibility of the student. Eligibility for the funds is based on data the student provides. (See page 3 for the loan process.)

Reminder: Bring a sufficient amount of money to school to get you through the first week of school. Financial aid funds may not be available the first day of orientation.

FEDERAL DIRECT STAFFORD/FORD LOAN

A need based loan. The maximum annual limit is \$8500 with a cumulative limit of \$65,500. The interest is variable with a cap of 8.25%. No interest accrues on this loan while in school at least half-time. Repayment begins 6 months after graduation or withdrawal from school. The loan disbursement will be divided in 2 payments.

There is a 3% origination fee charged on each loan. This amount is returned to the Federal government.

The cumulative limit for the Stafford and Unsubsidized Stafford is \$189,125.

FEDERAL DIRECT UNSUBSIDIZED STAFFORD/FORD LOAN

A non-need based loan. The interest rate is variable with a cap of 8.25%. There is a 3% origination fee charged on each loan. This amount is returned to the Federal government. The student must pay the interest while in school (the Federal government does not pay the interest on this loan during enrollment) or have the interest capitalized as agreed by the borrower and lender. If a student cannot qualify for the entire \$8,500 on the need based Federal Direct Loan he/she can receive the difference on the Federal Direct Unsubsidized Loan. The annual limit is \$30,000 or \$38,500 or the cost of attendance. For periods of enrollment over nine months, the limit can increase to \$36,667 for the unsubsidized loan. Repayment of the principal and any unpaid (capitalized) interest will begin six (6) months after the student graduates or withdraws from school.

CAMPUS-BASED PROGRAMS

The Campus Based Programs are made available by the Federal government. Each year the institution receives a restricted allocation for each program. Once the institution has awarded its allocated funds, no additional funds are available for the remainder of the award year. Students are encouraged to apply early.

Page 19 must be completed if applying for the Disadvantaged Student Program.

FEDERAL PERKINS LOAN

A low interest loan awarded to the student who shows financial need as determined by the federal need analysis system. The interest rate is 5% and no interest accrues while the borrower is in school. **Regardless of age or marital status, the FAFSA must be completed and parental information must be provided to be considered for this loan.**

PRIMARY CARE LOAN

A low interest loan awarded to students as determined by the federal need analysis system. The interest rate is 5% and no interest accrues while the borrower is in school. **Regardless of age or marital status, the parental information must be provided on the FAFSA to be considered for this loan. This loan is awarded to students with the most need. In order to determine need for this loan, parental info must be calculated, regardless of age or marital status. Parent info must be provided on the FAFSA.**

*This program is tied to the borrower's commitment to service in primary care. Before being awarded funds from this program the student must agree to enter and complete a residency training program in primary health care not later than 4 years after the date on which the student graduates from medical school. Also, the student will be required to practice in such care through the date on which the loan is repaid in full.

(Primary Health Care Residencies are General Pediatrics, General Internal Medicine, and General Family Practice.)

RESIDENCY LOAN APPLICATIONS

These programs are for graduating seniors. Due to federal regulations regarding traditional student financial aid, it is not possible to include the expenses incurred from travel for residency interviews or relocation into a student's budget. For this reason these are loans that a student may receive that is not part of their financial aid budget. A graduating senior may borrow up to \$10,000.00 over the fourth year student budget. These loans are between the student and the lender and are not approved by the Financial Aid office. Eligibility is based on student's credit report. If you have any questions or need applications, please contact Mark Martin or look at the Medical School's Financial Aid web page.

INSTITUTIONAL SCHOLARSHIPS

The University of Alabama School of Medicine Loan and Scholarship Committee is made up of instructors in the academic portion of the medical school. This committee meets early in May to distribute the scholarship money for the next year. Most scholarships are not automatically renewable and you must qualify each year. All students in all class years are competing with each other. The committee distributes their scholarships 60% based on merit and 40% based on need. Merit is based on MCAT as a first year and on class rank in the last 3 years. To be considered for a scholarship you must complete the application for scholarships, page 23, and return it by April 15th. **To be considered for any need based scholarships, you must include your parents information on the FAFSA.** Also, the FAFSA must be processed and your SAR in the Financial Aid Office by April 15th. If you should have any questions, contact Mark Martin at (205) 934-8707.

MISCELLANEOUS SCHOLARSHIPS

There are also scholarship funds made available through various organizations and foundations. Information can be found in books/publications through your university or public libraries. Researching scholarship possibilities can be time-consuming, but if successful, it will limit the amount that you might have to borrow. You might also want to check with businesses and professional organizations with which your relatives and friends are associated that might have scholarship programs. Some examples of these types of scholarships are listed below:

E. L. GIBSON SCHOLARSHIP

The E. L. Gibson Foundation of Enterprise, Alabama, has established a scholarship fund to assist medical students. An applicant must be a resident of Coffee, Covington, Dale, Geneva County, demonstrate academic ability, and show need for such financial assistance. To apply, you must submit a letter of application, consisting of not more than 1000 words, describing college plans, career intentions, and the candidate's reasons for considering themselves deserving of this scholarship; an official transcript; and two letters of recommendation. This process must be done each year that you wish to be considered. Send your information to the Gibson Foundation, Enterprise St. Jr. College, ATTN: Shelley Jimison, P.O. Box 1300, Enterprise, AL 36331.

MADISON COUNTY MEDICAL SOCIETY SCHOLARSHIPS

Total scholarship award(s) of \$10,000 available annually to second, third and fourth year medical students whose legal residence is Madison County, Alabama. Academic performance is considered first and then, if necessary, financial need. The committee will not consider applications that do not contain the student's class rank (numeric, actual percentile or percentile rank). The most recent transcript is also mandatory. Application deadline is May 1. Send requests for application forms to: Scholarship Committee, Madison County Medical Society, 220 Rhett Avenue, Suite B, Huntsville, AL 35801, 205/539-7677.

MARSHALL COUNTY MEDICAL SOCIETY SCHOLARSHIPS

Total scholarship award(s) of \$4,500 available annually to medical students whose legal residence is in Marshall County, Alabama. To apply, you need to send a letter describing your career goals; an official transcript; and a letter of recommendation from one member of the Marshall County Medical Society or a member of your school's faculty. Application deadline is April 15 of each year. Mail application to Chairman Scholarship Committee, P.O. Box 959, Guntersville, AL 35976.

MISCELLANEOUS SCHOLARSHIPS

(continued)

NATIONAL MEDICAL FELLOWSHIPS

National Medical Fellowships, Inc. (NMF) is the only nationwide, private, nonprofit organization providing financial assistance to minority medical students. NMF was organized to increase opportunities in medicine for black physicians and students. NMF has extended eligibility for its awards to mainland Puerto Ricans, Mexican-Americans and American Indians.

Besides giving direct need-based scholarships, NMF also sponsors special merit based scholarship and fellowship programs. NMF offers Scholarship awards to students enrolled in the first or second year of medical school. These awards are granted based on similar criteria to granting of Perkins and Health Professions need based loans. Most of the awards require a letter of recommendation from the Medical School Dean. National Medical Fellowships, Inc., 5 Hanover Square, 15th Floor, NY, NY 10004, telephone (212) 483-8880, fax (212) 483-8883.

THE DEADLINE FOR NEW APPLICATIONS IS THE END OF AUGUST.

ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIPS

Eligible students may be commissioned a second lieutenant or ensign in the U.S. Army, Navy, or Air Force in the inactive reserve. While in the program, the student receives a stipend of \$938 per month (except during the annual 45 day active duty tour for which you will receive approximately \$2300) plus all tuition, mandatory fees and related academic expenses. The student incurs an obligation of one year of active commissioned service for each year or fraction thereof of program participation, or minimum of two years. Application is made directly to the military services.

U.S. Army, Medical Dept.
AMMEDD Personal Counselor
ATTN: SFC Aaron Jensen
2100 16th Ave. So.
Suite 306
Birmingham, AL 35205
(205) 930-9719

U.S. Navy
Lt. Chapple
3815 Interstate Court
Montgomery, AL 36109
1-800-392-8000

U.S. Air Force
Cal Robinson
USAF Recruiting Office
The Cole Center, 1100 East
Park Drive, Suite 108
Birmingham, AL 35235-2563
(205) 833-5058

DEPARTMENT OF HEALTH AND HUMAN SERVICES SERVICE SCHOLARSHIPS

Alabama Office of Rural Health
434 Monroe Street
Montgomery, AL 36130-3017
(800) 255-1992
Cleve E. Money
Community Scholar Program

National Health Services Corps
Division of Health Services
Scholarships
5600 Fishers Lane, Room 7-16
Rockville, MD 20857
(800) 221-9393
Alabama 1-800-255-1992
Charles Graves

SCHOLARSHIP INFORMATION ON THE WORLD WIDE WEB

There is Scholarship information on the Internet. The address for this information is at:

www.fastweb.com

FINANCIAL AID POLICY ON VOLUNTARY OR INVOLUNTARY LEAVE OF ABSENCE

After the Associate Dean of Students has approved a leave of absence for the remainder of a school year or a student has failed to pass any part of the required USMLE test for a second time and/or is put on leave, the remainder of that year's financial aid will be cancelled. There may be a refund due the school at that time of funds that the student received. You must check with Student Accounting Services at (205) 934-3570. The student must then reapply for financial aid for the next school year the student intends to attend. The student is again eligible for financial aid once the medical school has changed their status from leave of absence to an active status. There are a limited number of leaves of absences allowed based on the criteria stated in the policy of Satisfactory Academic Progress. Check with lender about how leaves of absences would affect your loans. Direct Loans Dept., 1-800-848-0979.

SATISFACTORY ACADEMIC PROGRESS

The Office of Student Financial Aid has two (2) academic progress policies for the professional schools. First our qualitative policy requires that a student must maintain a grade point average of 2.00. The second policy is quantitative and it states that students who exceed one and a half times the normal time required to complete their academic program are not eligible for additional Title IV (federal loans and scholarships) for that period normally required.

A student may appeal the application of any part or all of this policy by writing to: Medical Appeals Committee, P100 Volker Hall, 1530 3rd Avenue South, Birmingham, Alabama 35294-1150. The written appeal must include the student's name, social security number, the facts upon which the appeal is based and any supporting documentation that can be obtained from a third party. An appeal granted through the Medicine School's Academic Appeals does not satisfy nor replace the requirements of the Medical Financial Aid Appeals Committee.

INSTITUTIONAL REFUND POLICY AND FEDERAL RETURN OF TITLE IV FUNDS POLICY

Detailed below are Return of Title IV Funds policies for the University of Alabama at Birmingham (UAB). There are two policies: Institutional Refund Policy and Return of Title IV Funds Policy.

INSTITUTIONAL REFUND POLICY

Withdrawal from school after two weeks from the date the term begins does not entitle the student to any refund of the basic fees. Students suspended for disciplinary reasons receive no refunds of fees.

Students who register and leave school prior to September 10 for any reason for the remainder of the academic year (i.e., voluntary or involuntary leave of absences, resignation) will be charged 25 percent tuition and all fees. After September 10 and prior to the tuition deadline of January 1, $33\frac{1}{3}$ percent tuition and all fees will be charged. After January 1, there will be a full tuition and fee penalty.

FEDERAL RETURN OF TITLE IV FUNDS POLICY

Title IV recipients who withdraw completely on or before 60% in time has elapsed during the period of enrollment for which the student has been charged, will be entitled to a refund for the purpose of returning Title IV funds. The return amount will be calculated using the number of days the student attended in the given term and the total number of days in the given term.

RETURN OF OVERPAYMENT

Title IV financial aid recipients who withdraw from all classes, or who are administratively withdrawn from all classes may be required to return a portion of the financial aid they received. Calculations are done to determine the percent of financial aid earned and unearned for the given term.

Title IV financial aid recipients who receive an overpayment resulting from changes in enrollment, cost of attendance, general eligibility, and additional financial aid award(s) will be required to return funds in the amount necessary to eliminate the overpayment.

The student will be notified if a Return of Title IV funds is due. Failure to return Title IV funds will result in the loss of eligibility for financial aid.

INSTITUTIONAL REFUND POLICY AND FEDERAL RETURN OF TITLE IV FUNDS POLICY (CONTINUED)

ORDER OF RETURN OF TITLE IV FUNDS

All returns will be distributed to the student financial assistance programs in the order below with the following exceptions. Title IV funds required to be returned by the student will not be distributed to a Federal Direct Loan Program and no returns shall be distributed to the Federal Work Study Program.

- Federal Direct Unsubsidized Stafford/Ford Loan
- Federal Direct Stafford/Ford Loan
- Federal Perkins Loan
- Other Title IV Programs
- Other Federal and State Programs
- Institutional or Agency Programs

If a credit balance exists after all adjustments and distributions have been made, a student may request a refund check by completing the appropriate form in the UAB Office of Student Accounting Services, Hill University Center, Room 322.

Tuition and fee policies are subject to change at the beginning of each term.

Note: To appeal the application of these policies due to unusual circumstances, please contact Jim Chenoweth, HUC 322, Student Accounting Services, Birmingham, AL 35294.

TITLE IV PROGRAMS

The United States Department of Education has issued rules governing the issuance of Title IV* student financial assistance program funds.

(1) Institutions may only apply Title IV funds to tuition and fees, and contracted room and board. With authorization from the student, funds may be applied to other institutional charges the student incurs at his/her discretion, except, institutions may not apply Title IV funds to charges assessed in a prior award year or period of enrollment.

(2) The student must be issued the excess Title IV funds resulting from a credit to the student's account within the later of—

- a) 14 days after the date the balance occurs
- b) 14 days after the first day of class of a payment period
- c) 14 days after the student rescinds his/her authorization to hold funds.

Students may elect to have their excess funds **deposited directly** into their bank account. If they take advantage of this option, their funds will be deposited into their bank account by the third day of the term. If their aid is disbursed after classes begin, their funds will be deposited into their bank account within three business days. They can sign up for **DIRECT DEPOSIT** by signing the form on page 25 and attaching a voided check.

Students who do not elect to have their funds **deposited directly** into their bank account will receive their funds in the form of a check. Checks may be picked up in the office of Student Accounting Services HUC 322. All funds, however, must be issued in accordance with the above stated deadlines. Therefore, all checks will be mailed within ten (10) days of its issuance. Checks will be mailed to the student's local address on file.

*Student financial aid programs authorized by Title IV of the Higher Education Act of 1965 include Federal Pell Grant, Federal Perkins Loan, Federal Supplemental Educational Opportunity Grant, Federal Direct Stafford/Ford Loan, Federal Direct Unsubsidized Stafford/Ford Loan, Federal Direct Plus Loan, Federal Work-Study, Leveraging Educational Assistance Partnership Program (LEAPP), Robert C. Byrd Honors Scholarship, and Presidential Access Scholarship.

TITLE IV FUNDS AUTHORIZATION FORM

MAILING ADDRESS:
OFFICE OF STUDENT FINANCIAL AID
UNIVERSITY OF ALABAMA AT BIRMINGHAM
HILL UNIVERSITY CENTER, SUITE 317
1530 3RD AVE S
BIRMINGHAM AL 35294-1150
PHONE: 205.934.8223 • FAX: 205.934.8941

Tuition, mandatory fees, room and board charges will be automatically deducted from any financial aid funds you receive. Please sign below to authorize The University of Alabama at Birmingham to credit your student account with Title IV and other financial aid funds to cover other charges listed below that you may incur.

- | | | |
|------------------------------|--------------------------|------------------------|
| Board exam fees | Dorm, lock change Fee | Parking, fees/tickets |
| Bookstore, books/fees | Dorm, repair charges | Printing/xerox charges |
| Breakage/loss fees | Financial aid repayments | Reinstatement fees |
| Certificate fees | Graduation fee | Returned check fees |
| Class change fees | HIV/Disability Insurance | Student health fees |
| Chemistry dept. supplies | Hospital insurance | Study abroad fees |
| Co-op fees | Immunization charges | Transcript fee |
| Collection fees | Late registration fee | Telephone charges |
| Dental Health | Liability/Malpractice | Test fees |
| Dental Kits/Instruments | Library fines | Withdrawal fee |
| Dorm, card key | Minor prior term charges | Yearbooks |
| Dorm, health and safety fine | Minor prior year charges | |
| Dorm, late fees | Pagers | |
| Dorm, legal fees | Professional dues | |

I, _____, authorize The University of Alabama at Birmingham to credit my student account with Title IV financial aid funds and other financial aid funds to cover any charges listed above that I may incur.

Note: These authorizations may be rescinded at any time by contacting the Office of Student Accounting Services. All financial aid checks will be mailed to the student's address of record if not picked up within 10 days after issuance.

Please sign your full name _____ Date ____/____/____

Student Number _____ - _____ - _____

2003-2004

**SCHOOL OF MEDICINE
FINANCIAL AID DATA SHEET (FADS)**

MAILING ADDRESS:
OFFICE OF STUDENT FINANCIAL AID
UNIVERSITY OF ALABAMA AT BIRMINGHAM
HILL UNIVERSITY CENTER, SUITE 317
1530 3RD AVE S
BIRMINGHAM AL 35294-1150
PHONE: 205.934.8223 • FAX: 205.934.8941

1. Name: _____
Last First M.I.

2. Social Security #: _____ EMAIL ADDRESS _____

3. Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

4. Date of Birth: _____ 5. Classification in School of Medicine during 2003-2004
month day year _____ 1st year
_____ 2nd year
_____ 3rd year
_____ 4th year

6. I plan to graduate from the School
of Medicine:
_____ month _____ year

Check here if you are willing to commit to Primary Care (General Pediatrics, General Internal Medicine and General Family Practice). See Primary Care Loan requirements.

7. Total amount of loans requested \$_____
in dollars (DO NOT PUT MAX)
(See page 6 for loan descriptions and loan maximums.)

8. Did you provide parental income information on the Free Application for Federal Student Aid (FAFSA)? Yes _____ No _____

9. Will you receive during the 2002-2003 school year:	Amount	Source
—a scholarship	_____	_____
—a fellowship	_____	_____
—Alabama State scholarship/loan	_____	_____
—Military scholarship/stipend	_____	_____
—Alabama GI dependents benefits	_____	_____
—veterans' benefits	_____	_____
—any other	_____	_____

10. Do you grant permission to release information from your educational and financial records to scholarship and loan donors? Yes _____ No _____

11. Are you in default or delinquent in payments on any educational loan? Yes _____ No _____

If yes, provide explanation _____

(Please see other side.)

12. Do you owe a refund or repayment on any state or federal grant? Yes _____ No _____

If yes, provide explanation _____

13. Have you ever had a student loan cancelled due to a disability? Yes _____ No _____

STUDENT'S CERTIFICATIONS FORM

WARNING: To receive any Title IV financial aid, you must complete the Certification Statement on Refunds and Default, and you must be registered with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.

STATEMENT OF REGISTRATION STATUS

I certify that I am registered with Selective Service.

I certify that I am not required to be registered with Selective Service because:

I am female.

I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)

I have not reached my 18th birthday.

I was born before 1960.

I am a resident of the Federated States of Micronesia or the Marshalls, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

GENERAL CERTIFICATIONS

I certify that all of the information on my applications is true and complete to the best of my knowledge. If I am asked, I agree to give proof that my information is correct. This proof might include a copy of the 2000 U.S. income tax form filed by me and my family.

I understand that when I register for classes, I create a financial obligation to UAB. An application for financial aid neither eliminates this responsibility, nor does it extend the deadlines established for payment.

My signature affirms that the information I have provided on both sides of this form is correct and complete and that I have read this entire packet and understand the terms and conditions stated to receive and maintain eligibility for financial aid. Furthermore I understand that financial aid must be used only for expenses related to my study at UAB.

Student's Signature

Date

Social Security Number

(Please see other side.)

QUESTIONNAIRE
SCHOOL OF MEDICINE
2003-2004

This form must be completed if you wish to apply for the Primary Care Loan or Disadvantaged Loans or Scholarships.

1. Have you ever participated in a Governmental Disadvantaged Student Program (ie., Exceptional Financial Need Program: "EFN," Health Career Opportunity Program: "HCOP," and etc.)? If so, in which program did you participate? _____

2. What high school, what state, and what county did you attend? _____

3. Are you a first generation college graduate in your family? _____ YES

4. Are you from a single parent home? _____ YES

5. Are you a ward of the court or an orphan? _____ YES

6. Are you from a rural area or an inner city area? _____ YES

7. Did you not receive a high school diploma, but did receive a GED? _____ YES

7. Are you an underrepresented minority? _____ YES _____
specify minority

9. Were you recycled in your first two years? _____ YES

Name

Please Print

Social Security Number

Circle One
1 2 3 4

Year in medical school for 2003-2004 year

FOR VETERANS AND DEPENDENTS OF VETERANS

(MUST BE COMPLETED BY UAB VETERAN REPRESENTATIVE)

Student's Name: _____ SS# _____ - _____ - _____

If dependent, please give Veteran's SS# _____ - _____ - _____

DEFINITION

A veteran is anyone who has served on **active duty** with the U.S. Army, Navy, Air Force, Marines or Coast Guard and has been discharged other than dishonorably. There is no minimum length of service required. A dependent of a veteran is a child or spouse of a veteran.

VERIFICATION

All veterans, and dependents of veterans, must submit this form regardless of whether or not they are receiving benefits.

The Financial Aid Administrator is required to verify the amount of V.A. educational benefits a student will receive during the academic year. These benefits must be subtracted from the student's budget as a resource if they were not included in the calculation of the family's contribution.

The V.A. educational benefits that require verification are: (please check appropriate program).

- | | |
|---|---|
| <input type="checkbox"/> Converts (Chapter 34/30) | <input type="checkbox"/> Restored Entitlement Program for Survivors (REPS, Section 156) |
| <input type="checkbox"/> Dependents Educational Assistance Program (Chapter 35) | <input type="checkbox"/> Reserve Officers Training Corps (Chapter 2) |
| <input type="checkbox"/> V.A. Contributory Benefits Program (VEAP, Chapter 32) | <input type="checkbox"/> Selective Service Educational Assistance Program (Chapter 107) |
| <input type="checkbox"/> Selective Reserve Pay (Chapter 1606) | |
| <input type="checkbox"/> New GI Bill (Chapter 30) | |
| <input type="checkbox"/> Vocational Rehabilitation (Chapter 31) | |

DOCUMENTATION

If a student received any of the above listed benefits, he or she must provide the Financial Aid Administrator with documentation of the monthly amount of these benefits, the beginning date of the benefits, and the ending date of the benefits.

Documents to verify V.A. benefits include:

- Copy of applicant's V.A. award letter,
- Statement from the institution's veterans office giving latest monthly amount and number of months to be received, or
- Payment table issued by the Department of Veterans Affairs.

If a student will not receive a monthly payment from the program, but the program will pay for certain educational expenses incurred by the student (tuition and fees, books and supplies, room and board, transportation, etc.), the student must provide the Financial Aid Administrator with a statement from the V.A. office stating what expenses they will cover.

FOR UAB VETERAN REPRESENTATIVE USE ONLY

Please verify the type and amount of assistance this veteran will receive during the 2002-2003 school year.

Type _____ Amount _____ Number of Months Remaining _____

Not Eligible _____ Full-time _____ 3/4 time _____ 1/2 time _____ Other _____

Benefits Expired _____

Signature of V.A. Representative _____ Date _____

I give the UAB Veterans' Affairs Representative the authority to disclose to the UAB Financial Aid Office my veterans' educational benefits information. I am aware that it may require 3 or more days to complete this form, and that I must deliver the completed form to the UAB Financial Aid Office.

Student Signature _____ Date _____

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER TO STUDENT'S BANK ACCOUNT FOR FINANCIAL AID AND/OR REFUNDS OF CREDIT BALANCE(S)

I, _____, hereby authorize and instruct The University of Alabama at Birmingham, Student Accounting Services, (the "Company") to deposit the amount of each of my financial aid payments/refund of credit balance(s) directly into my account as indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Company under this Authorization. For the purpose of this authorization, a financial aid payment is defined as the amount of financial aid scheduled to be disbursed minus any charges due to the Company that may be deducted by law or by authorization. For the purpose of this authorization a refund of credit balance is defined as any credit balance that exists on a student's tuition and fee, housing, telephone, or other student receivable account maintained by the Company.

I further hereby authorize and instruct the financial institution named below (the Institution) to accept such automatic deposits to or withdrawals from my account by the Company and cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for the correctness of any such deposit or withdrawal.

Banking Institution Name _____

Banking Institution Address _____

City _____ State _____ Zip _____

DEPOSIT INSTRUCTIONS

Please deposit my financial aid/refund of credit balance payment to my checking or savings account number as indicated below:

___ Checking Account, your checking account # _____

___ Savings Account, your savings account # _____

(Please attach a check with VOID written on the front for the account to which such automatic deposits are to be made.)

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to the Company. My cancellation will become effective when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by the Company up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Institution governing accounts and pre-authorized transfers to and from accounts.

Name: (Print) _____ Social Security #: _____

Signature: _____ Date: _____

ESTIMATED 2003-2004 SCHEDULE OF FEES & BUDGET ALLOWANCES

SCHOOL OF MEDICINE–FRESHMAN (11 months)

Tuition	\$ 7,829
Building Fee	879
Medical Special Service Fee	100
Dental Health Fee	102
Student Service Fee	286
Student Health Fee	225
Computer Assisted Learning Fee	350
Lab Fee	30
Liability Insurance	25
Printed Material Fee	125
Hospital Insurance (approximate)	866
Immunization Fee	150
HIV - Disability Insurance	189
Anatomy Lab	387
Photo Fee	30
Recreation Fee	108
Total Tuition/Fees	\$11,681
Room & Board (11 mo)	9,625
Books & Supplies	1,200
Personal Expenses	1,834
Transportation	2,292
Computer Access	1,013
TOTAL	\$27,645

SCHOOL OF MEDICINE–SOPHOMORE (10 months)

Tuition	\$ 7,829
Building Fee	879
Medical Special Service Fee	100
Dental Health Fee	102
Student Service Fee	286
Student Health Fee	225
Computer Assisted Learning Fee	350
Lab Fee	30
Liability Insurance	25
Printed Material Fee	125
Hospital Insurance (approximate)	866
HIV-Disability Insurance	189
Recreation Fee	108
Total Tuition/Fees	\$11,078
Room & Board (10 mo)	8,750
Books & Supplies	1,200
Personal Expenses	1,670
Transportation	2,080
National Board Exam	385
Computer Access	514
TOTAL	\$25,677

SCHOOL OF MEDICINE–JUNIOR (12 months)

Tuition	\$ 7,829
Building Fee	879
Medical Special Service Fee	100
Dental Health Fee	102
Student Service Fee	286
Student Health Fee	225
Computer Assisted Learning Fee	235
Scrub Suit Fee	50
Liability Insurance	25
Hospital Insurance (approximate)	866
HIV-Disability Insurance	212
Recreation Fee	108
Total Tuition/Fees	\$10,917
Room & Board	10,500
Books & Supplies	1,200
Personal Expenses	2,000
Transportation	2,500
Computer Access	514
TOTAL	\$27,631

SCHOOL OF MEDICINE–SENIOR (12 months)

Tuition	\$ 7,829
Building Fee	879
Medical Special Service Fee	100
Dental Health Fee	102
Student Service Fee	286
Student Health Fee	225
Computer Assisted Learning Fee	235
Liability Insurance	25
Hospital Insurance (approximate)	866
Cap & Gown Rental Fee	38
Diploma Fee	40
HIV-Disability Insurance	212
Recreation Fee	108
Total Tuition/Fees	\$10,945
Room & Board (12 mo)	10,500
Books & Supplies	1,200
Personal Expenses	2,000
Transportation	2,500
National Board Exam	385
Computer Access	514
TOTAL	\$28,044

NON-RESIDENT TUITION \$23,487

SPECIAL NOTE: The above figures are subject to change by Board of Trustees at anytime.

BUDGET WORKSHEET

- I. This worksheet is provided to assist you in establishing your monthly budget and managing your available financial resources.
- II. Your Estimated Schedule of Fees and Allowances includes tuition and fees and estimated costs of books. The living allowance is \$1,250 per month while in school - no funds are available for out of school time.

Remember, your budget and financial aid award are for all terms of the 2003-2004 year.

- ◆ Live on a budget
- ◆ Know how much you are spending
- ◆ Know source of your funds
- ◆ Know when you will receive your funds

USE REVERSE SIDE TO ESTIMATE
YOUR PERSONAL BUDGET



YOUR TOTAL FINANCIAL RESOURCES

<u>Item</u>	<u>Monthly</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	<u>Summer</u>
Scholarships	_____	_____	_____	_____	_____
Federal Direct Stafford Loan (net)	_____	_____	_____	_____	_____
Federal Direct Unsub Stafford Loan (net)	_____	_____	_____	_____	_____
HPSL Loan	_____	_____	_____	_____	_____
Federal Perkins	_____	_____	_____	_____	_____
Alternative Loan	_____	_____	_____	_____	_____
Summer/Acad. Year Earnings (net)	_____	_____	_____	_____	_____
Savings/Other Assets	_____	_____	_____	_____	_____
Spouse Earnings (net)	_____	_____	_____	_____	_____
Parent Contributions/Gifts	_____	_____	_____	_____	_____
Alabama State Loan/Scholarship	_____	_____	_____	_____	_____

YOUR LIVING EXPENSES

Tuition	_____	_____	_____	_____	_____
Books/Supplies/Instruments	_____	_____	_____	_____	_____
Charge Card Payments	_____	_____	_____	_____	_____
Rent/Mortgage	_____	_____	_____	_____	_____
Utilities (e.g., electric, gas, water)	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Insurance (life, health, etc.)	_____	_____	_____	_____	_____
Groceries	_____	_____	_____	_____	_____
Meals Away from Home	_____	_____	_____	_____	_____
Household Supplies	_____	_____	_____	_____	_____
Clothes	_____	_____	_____	_____	_____
Laundry/Dry Cleaning	_____	_____	_____	_____	_____
Auto Payment	_____	_____	_____	_____	_____
Auto Insurance	_____	_____	_____	_____	_____
Gas/Oil/Auto Maintenance	_____	_____	_____	_____	_____
Parking	_____	_____	_____	_____	_____
Travel/Vacation	_____	_____	_____	_____	_____
Medical/Dental/Medication	_____	_____	_____	_____	_____
Child Care	_____	_____	_____	_____	_____
Recreation/Entertainment	_____	_____	_____	_____	_____
Cable TV/Subscriptions	_____	_____	_____	_____	_____
Personal Supplies	_____	_____	_____	_____	_____

BALANCE SHEET

TOTAL RESOURCES	_____	_____	_____	_____	_____
minus					
TOTAL EXPENSES	_____	_____	_____	_____	_____
equal					
SURPLUS/DEFICIT	_____	_____	_____	_____	_____

University of Alabama at Birmingham
Office of Student Financial Aid
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