

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

Office of Student Financial Aid
2500 North State Street
JACKSON, MISSISSIPPI 39216-4505

Phone (601) 984-1117

Fax (601) 984-6984

2007-2008
INSTITUTIONAL FINANCIAL AID DATA SHEET

(Required for all recipients of Scholarships-Grants-Loans-Work Study)

1. NAME: _____		
Last	First	Middle/Maiden
2. SSN: _____		ID#: _____
3. EMAIL: _____		
4. PHONE NUMBERS: (____) _____	(____) _____	(____) _____
Local	Permanent	Cell
5. LOCAL ADDRESS (include County): _____		

6. PERMANENT ADDRESS (include County): _____		

7. RELIGION (optional—used only for Lettie Pate Whitehead Scholarship consideration): Christian ___ Other ___

8. SCHOOL/PROGRAM/YEAR:

Medicine _____ Dentistry _____ Nursing _____ SHRP _____ Graduate _____
Year Year Program Year Program Year Program Year

9. DATE OF BIRTH: Month _____ Day _____ Year _____

10. LENDER NAME/CODE: If you are or will be applying for a Federal Stafford or PLUS Loan, you must provide the name and six digit federal code of the lender of your choice. If you do not already have a lender, you may select one from UMC's preferred lender list. However, you are free to choose any lender not on this list—provided the lender uses ELM for distribution.

Lender Name

Federal Lender Code

11. FILE THE 2007-2008 FAFSA. UMC's Office of Student Financial Aid requires all students who are applying for or expect to receive any form of financial aid to file the FAFSA each academic year they need assistance. First apply for a PIN at www.pin.ed.gov then file the FAFSA at www.fafsa.ed.gov. Be sure to list UMC's Federal School Code – **004688**.

12. FEDERAL WORK STUDY. Academic demands at UMC are such that Deans and Department Heads of certain programs prohibit students from working while enrolled. Therefore, Federal Work Study is awarded only upon student request and eligibility, availability of funds, and department approval. It is also the student's responsibility to locate employment when eligible and approved for Federal Work Study.

13. THIRD PARTY ASSISTANCE. If you are expecting to receive outside third party assistance, please list the source and expected amount on the back of this page.

14. SIGNATURE. By signing this application you certify that the above information is accurate, that you will use all financial aid received only to pay for the cost of attending UMC, that you are not in default on a student loan, and that you will notify the Office of Student Financial Aid if you default on a student loan.

Signature

Date

2007-2008
OUTSIDE THIRD PARTY ASSISTANCE

SOURCE	EXPECTED AMOUNT