Financial Aid Application

Mayo Clinic College of Medicine and Science

Return completed form to: Mayo Clinic Student Financial Aid Office
Siebens 5, 200 First Street SW
Rochester, MN 55905

Via email: MAYOFINAID@mayo.edu

Via fax: 507-266-5298

Personal Information

Name *(Last, First, Middle)*		Social Security Number Last Four Digits
Permanent Mailing Address *(Street, City, State, ZIP Code)*		
Academic Year Address *(Street, City, State, ZIP Code)*		
Email (must be active through the start of your program)		Birth Date *(mm-dd-yyyy)*
Phone	Program Name and Start Date *(mm-yyyy)*	Expected Graduation Date *(mm-dd-yyyy)*

Ethnic Background (optional) ☐ American Indian or Native Alaskan ☐ Black (not of Hispanic origin) ☐ White (not of Hispanic origin) ☐ Asian or Pacific Islander ☐ Hispanic ☐ Other ______________________________

Will you have daycare expenses for the current academic year? ☐ Yes* ☐ No Ages of children ______________________________

*If "Yes" and you would like the expenses included in your cost of attendance, attach a copy of your weekly/monthly daycare receipt signed by your daycare provider.

Are you a Mayo Clinic employee? ☐ Yes ☐ No If "Yes": LAN ID _________ Will you be on an educational leave of absence? ☐ Yes ☐ No

Financial Assistance Information

In addition to your grant and scholarship eligibility, we will initially package your remaining cost of attendance with student loans.

Find information about Federal Direct Loan Program here: studentaid.gov/understand-aid/types/loans

Find information about Private Alternative Loans here: choice.fastproducts.org/FastChoice/home/1173200/1

☐ Check this box if you are only interested in grants/scholarships.

Check any or all of the following funding sources you may access during your program.

☐ Outside Scholarship/Grant: Amount $ ___________ Name ______________________________

Paid to: ☐ Student ☐ School Submit all checks to the address at the top of this form, specifically addressed to Mayo Clinic Student Financial Aid Office. All checks must include student's full name. The total of your financial aid package, including your outside awards, cannot exceed your yearly cost of attendance. Your financial aid package may be adjusted based on new funding.

Are you an Honorably Discharged Veteran who has served Active Duty? ☐ Yes** ☐ No **If "Yes," include a copy of your DD214 and military transcript.

Are you attending a Mayo educational program for training and then returning to an outside institution/agency for employment in exchange for grant, scholarship, tuition reimbursement, stipend, or loan from the outside agency? ☐ Yes ☐ No

If "Yes," institution/agency name ______________________________

While attending Mayo Clinic College of Medicine and Science, are you processing financial aid at or enrolled in classes at another school?

☐ Yes ☐ No

If "Yes," school name ______________________________

Agreement

Read carefully and sign below. I will use all money I receive under Title IV and all other financial aid only for expenses related to my study at Mayo Clinic. I agree to allow non-institutional charges assessed by the school automatically deducted from Title IV funds. I certify that I am not in default or owe a refund to any Title IV loan or grant received for attendance at any institution and have not borrowed in excess of loan limits under Title IV programs. I grant Mayo Financial Aid Office permission to release personal information to the proper officials of scholarship agencies or organizations who wish to consider me as a recipient of their awards. If I have an authorization for direct deposit of funds to my personal bank account on file, I understand that any funds due me will continue to be electronically transferred to the account listed on the authorization form unless I notify the Financial Aid Office, in writing, of any changes (including cancellation) to that authorization. Any changes will become effective immediately upon written notification to Mayo Clinic by the Financial Aid Office. I understand that I am responsible for determining whether scholarship/grant funds received are taxable income and if I am required to file a tax return. I declare that all of the information provided by me on this form is correct and complete to the best of my knowledge. I have read the Withdrawal Tuition Refund and Return of Title IV Funds Policy. I understand that I must meet the standards set forth in my school and/or program's Satisfactory Academic Progress Policy in order to maintain eligibility for financial aid.

Student Signature ▶	Date *(mm-dd-yyyy)*

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