

Application Deadline	
The Institutional Application for Financial Aid must be submitted by May 1st, 2024	
Application Process	
<ol style="list-style-type: none"> <li>Submit the <b>2024-2025 FAFSA</b> online at studentaid.gov and list Stony Brook University under the list of schools (School Code is 002838) by <b>May 1, 2024</b>.</li> <li>Submit the 2024-2025 Institutional Application to the SDM Director of Student Services in the Office of Education. Regardless of age or marital status, you <b>must</b> provide parental income and asset information below to be considered for HPSL and/or Tuition Waiver Grant for Disadvantaged Students. In addition, you <b>must</b> include signed copies of your parent(s) 2022 Federal Income Tax Returns*.</li> </ol> <p style="margin-left: 40px;"><b>Mail or email all forms to:</b>            Stony Brook University, School of Dental Medicine            Rockland Hall, Rm 115A            Stony Brook, NY 11794-8709            Attn: Daniella Zajac, Director of Student Services            Phone: (631) 632-3027 Fax: (631) 632-7130            Email: <a href="mailto:Daniella.zajac@stonybrookmedicine.edu">Daniella.zajac@stonybrookmedicine.edu</a></p> <p>*Certain programs may require that additional financial information be collected before awards are made. You must be prepared to submit this information if requested.</p>	
Tuition Waiver Grant for Disadvantaged Students (DW)	Health Professions Student Loan
<p><b>Eligibility Requirements for DW Grant</b></p> <ul style="list-style-type: none"> <li>• Citizen, national, or lawful permanent resident of the United States, the Commonwealth of Puerto Rico or the Marian Islands, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Island, the Republic of Palau, the republic of the Marshall Islands, or the Federated State of Micronesia</li> <li>• Must report parent income and asset information</li> <li>• Must be a New York State (NYS) Resident</li> <li>• Must be enrolled full-time in Stony Brook School of Dental Medicine</li> <li>• Must come from a disadvantaged background</li> <li>• Must demonstrate financial need</li> <li>• Must maintain good academic standing</li> </ul>	<p><b>Eligibility Requirements for HPSL</b></p> <ul style="list-style-type: none"> <li>• Enrolled full-time as a degree-seeking student in Stony Brook School of Dental Medicine</li> <li>• U.S. Citizen <b>or</b> Eligible Non-Citizen</li> <li>• Must report parent income and asset information</li> <li>• Must demonstrate financial need</li> <li>• Award amount cannot exceed the students unmet financial need</li> <li>• Award amount <i>plus</i> SAI (including parent contribution) may not exceed the students cost of attendance</li> </ul> <p><b>Loan Terms:</b></p> <ul style="list-style-type: none"> <li>• 5% Fixed Interest Rate</li> <li>• The borrower will not be responsible for any interest until the start of the repayment period</li> <li>• Repayment begins 12 months after program completion or termination of full-time enrollment</li> <li>• The award amount will be determined by fund availability and the number of qualified applicants</li> </ul>
<p><i>Information is subject to change without notice due to changes in federal, state and/or institutional policies and regulations. Students must complete a FAFSA every year. Students must make satisfactory academic progress to continue to receive financial aid.</i></p>	

## STUDENT INFORMATION

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Name: \_\_\_\_\_  
SBID: \_\_\_\_\_ SSN #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Type of Visa: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ # of dependent children living w/ you: \_\_\_\_\_

## PARENT INFORMATION

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Parent 1 Name: \_\_\_\_\_ Parent Marital Status: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent(s) 2022 Filing Status:

Did not File       Single       Married filing joint  
 Married filing Separate       Head of Household       Qualifying widow w/ dependent

**Current Total of Cash, Savings, and Checking Accounts:** \$ \_\_\_\_\_

**Current Net Worth of Investments, including Real Estate:** \$ \_\_\_\_\_

*(Don't include the home the parent lives in. Net worth is the value of the investments minus any debts owed against them)*

**Current Net Worth of Businesses and Investment Farms:** \$ \_\_\_\_\_

*Enter the net worth of the parent's businesses or for-profit agricultural operations. (Net worth is the value of the businesses or farms minus any debts owed against them).*

## HOUSEHOLD INFORMATION

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Please complete the chart below. Include:

- yourself, even if you don't live with your parents
- anyone living in your household, including children, dependents, and spouse
- your parents (biological, adoptive, or as determined by the state) – include your step-parent if the parent you live with is remarried)
- your parents' other children (even if they do not live with your parents) if your parents will provide more than half their support between July 1, 2024 and June 30, 2025, or they would be required to provide parental information when applying for Federal Student Aid.
- other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2024 and June 30, 2025.

Write the name of the college for any household member who will be attending college at least half-time between July 1, 2024 and June 30, 2025 and will be enrolled in a degree, diploma, or certificate program.

Name	Age	Relationship to you	College
		Student	Stony Brook University

**STUDENT CHECKLIST**

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- I have submitted my 2024-2025 FAFSA
- I have included a copy my Parent(s) 2022 Federal Tax Return with this application

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

**Student Name**

**Stony Brook ID**

**Student Signature**

**Date**