

**STONY BROOK UNIVERSITY  
SCHOOL OF DENTAL MEDICINE  
INSTITUTIONAL APPLICATION FOR FINANCIAL AID  
2017-18 ACADEMIC YEAR**

1. All students must file the **Free Application for Federal Student Aid (FAFSA)** or the FAFSA renewal form (available online for continuing students: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)). **The deadline for submission for new students is April 1st.** This information will be used for consideration in awarding campus-based funds. When completing the FAFSA do not include parental information, unless you are applying for any institutional funds, such as the **Disadvantaged Student Tuition Waiver, Health Professional Loan.**
2. First year students and new financial aid applicants must complete this *Institutional Application for Financial Aid* by **April 15<sup>th</sup>, 2017.**
3. Eligible non-citizens must submit copies of either an I151 or I551 form.
4. If your application is selected for **Quality Assurance Verification**, you will be required to submit Federal Tax forms, proof of untaxed income (if any) and other documents as requested. You will be notified in writing if you have been selected.
5. Certain programs may require that additional financial information be collected before awards are made. You must be prepared to submit this information if requested.
6. To facilitate loan processing and reduce the risk of lost paperwork, please make certain that your mailing address is accurate. Please make updates to your **SOLAR** account.
7. All students should have a clean credit history, as some loan programs will check the creditworthiness of applicants prior to approval.

No financial aid will be awarded until applications and supporting documents are received.

Send all forms to:

**Stony Brook University, School of Dental Medicine  
Office of Education  
Attn: Glenda Mitchell, Director of Student Services  
115A Rockland Hall  
Stony Brook, NY 11794-8709  
Phone: (631) 632-3027 Fax: (631) 632-7130  
Email: [glenda.mitchell@stonybrook.edu](mailto:glenda.mitchell@stonybrook.edu)**

**Academic Year 2017-2018**

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

SBID: \_\_\_\_\_

S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

Telephone \_\_\_\_\_ State of Legal Residence \_\_\_\_\_

Citizenship \_\_\_\_\_ Type of Visa \_\_\_\_\_

Marital Status \_\_\_\_\_ # Dependent children living w/you \_\_\_\_\_

During the 2017-18 academic year do you plan to live:

\_\_\_\_\_ with parents; \_\_\_\_\_ on campus ( \_\_\_\_\_ dorms, \_\_\_\_\_ apartment complex):  
\_\_\_\_\_ apartment off campus, single; \_\_\_\_\_ apartment off campus, shared;  
\_\_\_\_\_ own home.

Monthly rent or mortgage payment: \_\_\_\_\_

Educational Level of Parents: Father \_\_\_\_\_ Mother \_\_\_\_\_

Parents' Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Have you previously received financial aid (including loans)? \_\_\_\_\_

Please check the programs to which you are applying for the 2017-18 Academic Year:

- Unsubsidized Stafford Loan \_\_\_\_\_
- GRAD Plus Loan \_\_\_\_\_
- SUNY Disadvantaged Student Tuition Waiver Grant\* \_\_\_\_\_  
(**\*must complete Parents' Income Section of FAFSA to be considered**)
- Health Professions Student Loan \_\_\_\_\_  
(**\*must complete Parents' Income Section of FAFSA to be considered**)
- Federal Work Study Program \_\_\_\_\_
- Other (including personal loans from family) \_\_\_\_\_

- Name of institutions previously attended: \_\_\_\_\_
- As an Undergrad did you participate in any of the following programs for Disadvantaged Students: EOP, HEOP, or SEEK (if yes, please circle which one and have UG university send letter of verification to address listed above.)
- Have you received a Perkins Loan at another institution? \_\_\_\_\_
- Have you received a Pell Grant or SEOG at another institution? If yes, please circle.
- Will you have use of a car? \_\_\_\_\_ Make/Model /Year \_\_\_\_\_  
Value \_\_\_\_\_ Insurance Premium \_\_\_\_\_ Drivers License # \_\_\_\_\_
- Student's Indebtedness (include spouse's indebtedness if applicable):

Debt (lender and purpose)	Total Amount Borrowed;	Amount to be repaid during 2017-18 Academic Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Educational Loans:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Educational Loans	_____	_____
Total Indebtedness	_____	_____

The State University of New York at Stony Brook does not discriminate on the basis of race, religion, sex, sexual preference, color, national origin, age, disability, marital status, or status as a disabled or Vietnam era veteran in its educational programs or employment. Discrimination is unlawful. If you are a student or an employee of SUNY at Stony Brook and you consider yourself to be a victim of illegal discrimination, you may file a grievance in writing with the Affirmative Action Office within forty five calendar days of the alleged discriminatory act. If you choose to file a complaint with the University, you do not lose your right to file with an outside enforcement agency such as the State Division of Human Rights or Equal Employment Opportunity Commission.

Signature \_\_\_\_\_ Date \_\_\_\_\_