

**STONY BROOK UNIVERSITY  
SCHOOL OF DENTAL MEDICINE  
INSTITUTIONAL APPLICATION FOR FINANCIAL AID  
2020-2021 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: [studentaid.gov](http://studentaid.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 **Tuition Waiver Grant for Disadvantaged Students (NYS Residents Only)** or the **Health Professions Student Loan**.
2. First year students and new financial aid applicants must complete this **Institutional Application for Financial Aid** by **April 15<sup>th</sup>, 2020**.
3. Eligible non-citizens must submit copies of the 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 delays, please make certain that your mailing and email 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.**

*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.*

Send all forms or Email 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 2020-2021**

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 2020-21 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 \_\_\_\_\_

Is this your first graduate or professional degree? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, type of degree \_\_\_\_\_

Have you previously received financial aid (including loans)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check the programs to which you are applying for the 2020-21 Academic Year:

- **Unsubsidized Stafford Loan** \_\_\_\_\_
- **GRAD Plus Loan** \_\_\_\_\_
- **SUNY Disadvantaged Student Tuition Waiver Grant\*(NYS Residents)**

\_\_\_\_\_

**(\*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) \_\_\_\_\_

**Federal income tax (parents' and applicant/spouse) transcripts are required of all applicants for need based aid. Go to: <https://www.irs.gov/individuals/get-transcript>**

- 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 on application.)
- 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 \_\_\_\_\_  
Insurance Premium \_\_\_\_\_ Driver's License # \_\_\_\_\_
- Student's Indebtedness (include spouse's indebtedness if applicable):

**Debt (lender and purpose) Total Amount Borrowed; Amount to be repaid during 2020-21 Academic Year**

Debt (lender and purpose)	Total Amount Borrowed	Amount to be repaid during 2020-21 Academic Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Loans:

Debt (lender and purpose)	Total Amount Borrowed	Amount to be repaid during 2020-21 Academic Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Educational Loans \_\_\_\_\_

Total Indebtedness \_\_\_\_\_

Consistent with federal and state guidelines, Stony Brook University does not discriminate on the basis of race, color, sex, age, ethnicity, religion, national origin, sexual orientation, disability, marital status, or veterans' status in its educational programs or employment. If you are a student or an employee of Stony Brook University and you consider yourself to be a target of discrimination or harassment, you may file a complaint in writing with the Office of Institutional Diversity and Equity. If you choose to file a complaint within the University, you do not lose your right to file with an outside enforcement agency such as the State Division of Human Rights, Equal Employment Opportunity Commission, or the Office of Civil Rights.

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