



## TITLE VII FINANCIAL AID SELF-DISCLOSURE

### A. STUDENT INFORMATION

Student Name:	
UNI:	
Academic Program:	<input type="checkbox"/> MD <input type="checkbox"/> DDS

The following information must be provided for all previously attended institutions of Higher Education. **Please complete a separate form for each institution.**

### B. INSTITUTION INFORMATION

Institution Name:	
Phone Number:	
Street Address:	
City, State ZIP:	
Date Attended:	

### C. FINANCIAL AID HISTORY

Please check as applicable and provide the necessary information.

I received the following federal student aid from this institution. Please indicate the financial aid history at each institution attended.

Sources of Assistance	Loan Period	Amount Borrowed	Currently in Default? (Yes/No)
Scholarships for Disadvantaged Students (SDS)			
Loans for Disadvantage Students (LDS)			
Health Professions Student Loan (HPSL)			
Primary Care Loan (PCL)			
Nursing Student Loan (NSL)			
Nursing Faculty Loan Program (NFLP)			
Health Education Assistance Loan (HEAL)			
Federal Perkins Loan			
Federal Direct-Subsidized Loan			
Federal Direct-Unsubsidized Loan			
Federal Direct-Graduate Plus Loan			
Federal Pell Grant			
Federal SEOG Grant			
Other Loans (e.g. Private Education Loans):			

Please check as applicable and provide the necessary information.

I did not receive any financial aid from this institution.

I am in DEFAULT on another student loan. Please list:  
\_\_\_\_\_

I owe a repayment or refund on a federal grant (Pell or SEOG). Please list:  
\_\_\_\_\_

**D. POTENTIAL CAREER QUESTIONS FOR HHS DATA COLLECTION**

(Yes/No)

After graduation, do you intend to serve in a medically underserved community?	
After graduation, do you intend to practice in primary care?	
Do you come from a rural background?	
After graduation, do you intend to serve in a rural area?	

**E. CERTIFICATION AND SIGNATURE**

By signing below, I certify that the information provided here is complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date