Institutional Application
Academic Year 2020-2021

Print, complete, and sign this form.
Continuing students: Turn in to Geffen Hall, Suite 305 by the deadline of March 2, 2020

Furnishing information here is mandatory. Failure to provide this information could delay our evaluation of your application and prevent you from receiving assistance. In addition, the information contained here and furnished by you will be used by the Office of Financial Aid and Scholarships for loan application evaluation. It will be transmitted to the Federal government as required by law.

Section 1: Student Information

<table>
<thead>
<tr>
<th>Last 4 Digits of SSN: XXX – XX - _____________</th>
<th>SID: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name: _______________________________</td>
<td>First Name: ____________________</td>
</tr>
<tr>
<td>Program: _________________________________</td>
<td>Class: ________________________</td>
</tr>
</tbody>
</table>

Do you, the student, authorize the Office of Financial Aid and Scholarships to disclose private information from your student records for the purpose of recommending you for consideration of scholarships and loans which require disclosure, and reporting you as a recipient of scholarships and loans for those funds that require reports?

Yes ☐ No ☐

Are you applying for Institutional need-based scholarships?

Yes ☐ No ☐

If "Yes" you are applying for School of Medicine need-based scholarships and loans in addition to Federal Direct Loans. You will need to complete a FAFSA with parent information and complete other requirements of the Financial Aid Application.

If “No” you are only applying for Federal Direct Loans. You only need to complete a FAFSA at www.fafsa.gov. No parent information is required. Skip to Section 6 of this form.

The FAFSA will use income information from two years prior to the application year.

Did you file a 2018 Federal tax return?

Yes ☐ No ☐

If "Yes" submit a signed copy of your (and your spouses, if married) 2018 Federal tax return.

If “No” and you received any income from an employer, please attach a copy of your 2018 W-2 Form(s) for each source of income received. If a W-2 Form is not available, you must explain below the reason, as well as the amount and source of income. An example of income with no W-2 is an STTP stipend.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

________________________________________________________________________________________
**Section 2: Student’s Statement of Resources**

The data you provide in this section is used to verify the 2018 income information provided on your FAFSA. If there is / will be a significant reduction in income in 2020, please also complete the projected 2020 section.

<table>
<thead>
<tr>
<th>List your annual and projected resources for the 2018 and 2020 calendar year</th>
<th>2018</th>
<th>Projected 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Income</strong> from work - Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gross Income</strong> from work - Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation and/or Disability benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child support received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living allowances paid to military, clergy and others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF) / WIC / Subsidized Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamps (SNAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL RESOURCES</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Section 3: Parent Information**

As of today, what is your parents marital status?
- [ ] Married
- [ ] Widowed
- [ ] Divorced/Separated
- [ ] Never Married

If divorced, have either of your parent’s remarried?
- [ ] Father
- [ ] Mother
- [ ] Both remarried
- [ ] Never remarried
- [ ] I don’t know

**Student’s Parent 1:**
Name________________________ Age:_________ Home Phone # ________________
Street Address________________________
City, State, Zip Code____________________________
Occupation/Title________________________
Employer________________________

**Student’s Parent 2:**
Name________________________ Age:_________ Home Phone # ________________
Street Address________________________
City, State, Zip Code____________________________
Occupation/Title________________________
Employer________________________
### Section 4: Parent’s Household Information

Please list your parent(s) and their dependents for the 2020-2021 academic year below. Include yourself, your parent(s), and your parent(s) other dependent children. Include other people only if they will live with and will receive at least half of their support from your parent(s) during the entire period from 7/1/20 to 6/30/21.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age (as of 12/31/20)</th>
<th>Relationship To Student</th>
<th>Name of College (Attending at Least Half-Time During 20-21)</th>
<th>Graduate Student Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>DGSOM at UCLA</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
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</tbody>
</table>

### Section 5: Parent Income and Asset Information

The FAFSA will use income information from two years prior to the application year.

**Did your parent(s) file a 2018 Federal tax return?**

- Yes □  No □

  - If "Yes" submit a signed copy of their 2018 Federal tax return and report any untaxed income below.
  - If “No” report any untaxed income received to pay household expenses below.

**List any untaxed income your parent(s) received during the 2018 calendar year**

<table>
<thead>
<tr>
<th>Untaxed wages/earnings (if your parents did not file taxes)</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment benefits</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation and/or Disability benefits</td>
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</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF) / WIC / SNAP / Subsidized Housing</td>
<td></td>
</tr>
<tr>
<td>Other, please specify (i.e. support from relative):</td>
<td></td>
</tr>
<tr>
<td>TOTAL RESOURCES</td>
<td></td>
</tr>
</tbody>
</table>

**Real Estate Property Value**

- **Primary Residence:**
  - Current market value $ ______________________
  - Current debt owed $ ______________________

- **Other Real Estate/Investment Property:**
  - Current market value $ ______________________
  - Current debt owed $ ______________________
Statement of Purpose
I understand that I must be enrolled in at least half-time status each term to be eligible to receive financial aid. In addition, I must make satisfactory academic progress to maintain eligibility for financial aid, which includes but is not limited to federal student loans. I will notify my school promptly in writing of any change in my name, address, or phone number. I understand that defaulting on a loan would limit the amount of loan money available to future medical students and could possibly eliminate my school from future participation in loan programs, which require minimal default rates for continuation of funding.

Certification
- I will use the aid awarded to me solely for expenses related to attendance at the University of California, Los Angeles.
- I do not owe a repayment on a Pell Grant or Supplemental Educational Opportunity Grant.
- I am not in default on a Perkins/ Direct Student Loan or Stafford/Guaranteed/Federally Insured Student Loan.
- I will report to Financial Aid and Scholarships the type and amount of any additional support (e.g. outside scholarship) which I receive.
- I will notify Financial Aid and Scholarships if my enrollment status changes.
- I will notify Financial Aid and Scholarships of any changes in information submitted on my Financial Aid Application.

Declaration of Responsibility
I certify that all information reported on this form is true and accurate to the best of my knowledge. I have also attached all required documentation. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years.

Student Signature  Date