



Financial Aid Office
University of East West Medicine
595 Lawrence Expressway
Sunnyvale, CA 94085
(408) 733-1878

FINANCIAL AID APPLICATION RENEWAL

Note: Incomplete applications and missing documentation mean time delays in processing. PLEASE answer all questions. Enter an answer even if the answer to a questions is no, not applicable, none, unknown or zero.

I. DEMOGRAPHICS

Application Status: Currently enrolled student
 Transferring from another school

Last Name _____ First Name _____ Social Security Number _____
Date of Birth _____ Daytime Phone _____ Evening Phone _____
Email Address _____

II. ACADEMIC INFORMATION

Associate's Degree Year _____ Other Degree (Please Specify: _____
Bachelor's Degree Year _____
Master's Degree Year _____ Total Units Earned To Date at UEWM: _____
Doctorate Degree Year _____

III. BUDGETING INFORMATION

Financial aid budgets are constructed based on the number of credits carried and grade level. Complete the following as accurately as possible. Changes to the listed enrollment pattern could require a recalculation. List any special expenses for materials, equipment, etc., in the Comments section.

The number of credits in which I will be enrolled for the current year will be: _____ Year Credits _____

Circle the program you will be enrolled in for the period you are requesting: _____

MSTCM DAOM

Fall	<input type="text"/>	<input type="text"/>
Spring	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

I want financial aid for the following semesters (Mark only the two semesters that apply):
 Summer Fall Spring

Estimated date of Graduation from this program: Month _____ Year _____

<input type="text"/>	<input type="text"/>
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I need an Unsubsidized Loan: Yes No Amount: \$ _____
Graduate Student Maximum \$20,500 for two semesters (interest rate is 5.84%)

I wish to be considered for a work study position: Yes No

Did you receive work study as part of your last financial aid package: Yes No

Select the semesters you would like to work: Summer Fall Spring

Average number of hours you would like to work per week (19 hours per week max allowed): _____

I will be receiving the following during the academic year:

Free tuition as a student/faculty: Amount: _____

Other alternative student loan: Amount: _____

Outside scholarship: Amount: _____

I have received a Federal Student Loan or grant from a school that I am transferring from this current school year. Yes No

If yes, name of school: _____

Comments, special circumstances, or additional information that you want the financial aid counselor to be aware of when your eligibility is considered:

IV. CERTIFICATION

"All of the information provided by me or any other persons on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., State and/or local income tax return. I, also, realize that if I do not give proof when asked, I may be denied aid. I verify that I, the student, do not owe a refund on any Federal student grant, and am not in default on an Federal student loan, and have not borrowed in excess of the Federal student loan limits, under the Federal student aid programs, at any institution. I will use all Title IV financial aid funds received only for expenses related to my study at the school I am attending.

I voluntarily authorize UEWM to apply financial aid (Pell, FSEOG, SEOG Match, FWS, and Loans) including the loan proceeds received to my student account to pay for:

Allowable charges other than tuition and fees such as library fines. Not checking the box will require a separate payment.

Prior-year charges other than tuition and fees up to \$200. Not checking the box will require a separate payment.

Hold credit balances resulting from Title IV Funds and allow them to go toward future educational expenses to the end of this academic year. Checking YES will not prevent you from requesting a refund if a valid credit is present on your account.

I understand that I may cancel or modify this authorization at any time and receive monies due me in full within 14 days of the cancellation. After paying tuition and fees, allowable charges, and prior-year allowable charges, any remaining loan funds will be distributed to me. My signature also confirms my agreement to repay the loan according to the terms of the Master Promissory Note.

I understand that I may cancel all or part of my loan by notifying UEWM within 14 days after the date my school sends me a disbursement notice.

I understand that I must take at least 6 credits (MS) or 4.5 credits (DAOM) each semester of the loan period. I must make Satisfactory Academic Progress in accordance to the University Satisfactory Academic Progress policy in order to be eligible for financial aid.

In the event that I withdraw from school before the end of a semester in which I am enrolled, I give the UEWM permission to post to my account at UEWM, any post-withdrawal disbursement from grant funds for which I am determined to be eligible to pay for my current charges, including allowable charges other than tuition and fees, and any minor prior year charges (under \$200). I understand that I am responsible for the charges remaining on my account after the post-withdrawal disbursement has been made. I, also, understand that if I do not grant this permission, I am responsible for the full amount of the charges on my account after the institutional refund policy has been applied. I understand that I may rescind this permission anytime in writing."

WARNING: To receive any Title IV financial aid, you must complete the above certification. If you purposely give false or misleading information, you may be subject to federal criminal law resulting in fines up to \$20,000, sent to prison or both.

Student

Date