



YALE UNIVERSITY SCHOOL OF PUBLIC HEALTH

2007–2008 Financial Aid Application & Instructions

Return application materials

no later than March 1st to:

Yale School of Public Health

Financial Aid Office

47 College Street

Suite 108

New Haven, Connecticut 06510

All U.S. citizens and permanent residents applying to the School of Public Health (EPH) are eligible to apply for need-based grants from the school. Applicants who wish to be considered for a grant are required to provide the Parental Questionnaire (parental information) unless they will be 26 years old or married at the time they matriculate. The EPH Financial Aid Office will process complete financial aid applications for students as soon as possible after the student has been admitted. **The deadline to be considered for a need-based grant from the school is March 1, 2007, regardless of whether or not an offer of admission has been sent.** Students who apply to the school after March 1st, and submit their financial aid materials after March 15th, will be considered for grants based on the availability of funds.

If you are applying for a need-based grant from the school, you will need to complete the EPH Financial Aid Application, the Parental Questionnaire (if applicable) and the Free Application for Federal Student Aid (FAFSA). You will need to submit copies of 2006 Federal Income Tax Returns, including all schedules, for student and parents (if applicable). Students who will be married before they matriculate or during the academic year also need to submit their spouse's or fiancé's 2006 Federal Income Tax Return. If you will be applying for loans only, you must complete the EPH application, the FAFSA and submit a copy of your 2006 Federal Income Tax Return to the EPH Financial Aid Office.

FAFSA: Filed on or after January 2, 2007

Results due: March 1, 2007

The FAFSA must be completed on the web at www.fafsa.ed.gov. The school code for Yale University is **001426**. If you are currently enrolled at Yale and you have a PIN number, you can file the renewal FAFSA on-line. The FAFSA should be completed with the student's, and spouse's (if applicable) information only. You **do not** need to complete the parent's sections on the FAFSA.

U.S. CITIZENS AND PERMANENT RESIDENTS:

Please complete the EPH application and return it to the Financial Aid Office. You may contact the Financial Aid Office at 203-785-5417 or by email at karen.wellman@yale.edu if you have questions regarding the financial aid process.

NOTE TO INTERNATIONAL STUDENTS:

EPH does not offer financial aid to international students. However, there are several private education loans that international students are eligible to apply for with a credit worthy U.S. citizen or permanent resident. If you are interested in loan information, please contact the Financial Aid Office at 203-785-5417, or by email at karen.wellman@yale.edu.

FINANCIAL AID CHECKLIST

- 2007-08 EPH Financial Aid application (*required for all financial aid applicants*)
- 2007-08 FAFSA (*required for all financial aid applicants*)
- 2007-08 Parental Questionnaire (*required, if applicable, for need-based grants*)
- Student's 2006 Federal Income Tax Return, including all schedules (*required for all financial aid applicants*)
- Parent's 2006 Federal Income Tax Return, including all schedules (*required, if applicable, for need-based grants*)
- Spouse's 2006 Federal Income Tax Return, including all schedules (*required, if applicable, for need-based grants*)



YALE UNIVERSITY SCHOOL OF PUBLIC HEALTH

2007–2008 EPH Financial Aid Application for U.S. Citizens and Permanent Residents

NOTE: PLEASE DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE COMPLETED THE FAFSA.

LAST NAME FIRST NAME MIDDLE FORMER

/ /

CURRENT MAILING ADDRESS:

ADDRESS VALID UNTIL M D Y

STREET ADDRESS

APT. NO.

CITY

STATE

ZIP

COUNTRY

/ /

U.S. SOCIAL SECURITY NUMBER
()

DATE OF BIRTH: M D Y

HOME TELEPHONE NUMBER

EMAIL

MARITAL STATUS: Single Married (or to be married) Date Married ___/___/___

PRIOR DEBT:

Please list your total educational debt prior to September 2007:

STAFFORD LOANS \$ _____

PERKINS LOANS \$ _____

PRIVATE LOANS \$ _____

STUDENT'S (AND SPOUSE'S) INCOME INFORMATION:

JANUARY – DECEMBER 2006

JANUARY – DECEMBER 2007

GROSS INCOME EARNED FROM WORK BY STUDENT \$ _____ \$ _____

GROSS INCOME EARNED FROM WORK BY SPOUSE \$ _____ \$ _____

INCOME FROM INTEREST AND DIVIDENDS \$ _____ \$ _____

OTHER TAXABLE INCOME \$ _____ \$ _____

NON-TAXABLE INCOME \$ _____ \$ _____

DID OR WERE YOU REQUIRED TO FILE A 2006 FEDERAL INCOME TAX RETURN? YES NO

CURRENT VALUE OF STUDENT'S (AND SPOUSE'S) RESOURCES:

CASH, SAVINGS, CHECKING ACCOUNTS, AND CERTIFICATES OF DEPOSIT \$ _____

STOCKS, BONDS, AND OTHER INVESTMENTS (CURRENT VALUE) \$ _____

HOME EQUITY (MARKET VALUE MINUS MORTGAGE) \$ _____

OTHER REAL ESTATE INVESTMENTS (MARKET VALUE MINUS MORTGAGE) \$ _____

TRUST FUNDS OF WHICH YOU ARE OR WILL BE THE BENEFICIARY \$ _____

IRA, 401K, ETC. (VALUE AS OF DECEMBER 2006) \$ _____

WILL YOU BE RECEIVING AID FROM YOUR EMPLOYER, YOUR PARENTS OR OTHER SOURCES? YES NO

IF YES, PLEASE PROVIDE THE SOURCE _____ AND AMOUNT OF AID \$ _____

TYPE OF AID APPLYING FOR (SELECT ONE):

I am applying for loans only. I am not applying for a need-based EPH grant. I have submitted or intend to submit the following documents to EPH financial aid on the date indicated below but **no later than March 1st:**

___/___/___ 2007-08 FAFSA (*required*)

___/___/___ Student's 2006 **signed** Federal Income Tax Return, including all schedules (*required*)

I am applying for loans and need-based EPH grants. I have included parental information. I have submitted or intend to submit the following documents to the EPH Financial Aid Office on the date indicated below but **no later than March 1st:**

___/___/___ 2007-08 FAFSA (*required*)

___/___/___ 2007-08 Parental Questionnaire (*required, if applicable, for need-based grants*)

___/___/___ Student's 2006 **signed** Federal Income Tax Return, including all schedules (*required*)

___/___/___ Parent's 2006 Federal Income Tax Returns, including all schedules (*required, if applicable*)

___/___/___ Spouse's 2006 Federal Income Tax Return, including all schedules (*required, if applicable*)

I certify that all of the information on this form is accurate and complete to the best of my knowledge. I further understand that it is my responsibility to provide the EPH Financial Aid Office with all required information and documentation by the deadline specified above.

.....
STUDENT'S SIGNATURE

.....
DATE

.....
SPOUSE'S SIGNATURE

.....
DATE

RETURN FORM AND REQUIRED DOCUMENTATION TO:

**YALE SCHOOL OF PUBLIC HEALTH
FINANCIAL AID OFFICE
47 COLLEGE STREET
SUITE 108
NEW HAVEN, CT 06510**



YALE UNIVERSITY SCHOOL OF PUBLIC HEALTH

2007–2008 Financial Aid Parental Questionnaire

PARENT'S CONFIDENTIAL INFORMATION

All students at the Yale School of Public Health (Yale EPH) are legally independent in determining eligibility for federal aid. However, for our limited Yale EPH need-based grants **all students under age 26** are considered dependent. Without the information requested below, your son/daughter can not be considered for a need-based grant from the school. **This information will NOT be shared with the student.**

Providing information about your resources does not obligate you to pay for your son's or daughter's education at the Yale School of Public Health.

STUDENT NAME

FATHER STEPFATHER

MOTHER STEPMOTHER

NAME

NAME

ADDRESS

ADDRESS

CITY/STATE

CITY/STATE

OCCUPATION

OCCUPATION

EMPLOYED BY

EMPLOYED BY

RETIREMENT PROVISIONS:

RETIREMENT PROVISIONS:

SOCIAL SECURITY

SOCIAL SECURITY

OTHER RETIREMENT PLAN

OTHER RETIREMENT PLAN

PARENT'S HOUSEHOLD INFORMATION

Parent's are currently married widowed divorced/separated since ___/___/___

Do you own your home? yes no Year Acquired _____ Purchase Price \$_____

Current Monthly Rent or Mortgage \$_____

Age of the older parent is _____

Will any parent's be in college in 2007/2008? yes no

DEPENDENTS IN COLLEGE IN 2007/2008:

Do not include the applicant.

NAME

AGE

YEAR IN SCHOOL

NAME

AGE

YEAR IN SCHOOL

NAME

AGE

YEAR IN SCHOOL

PARENT'S INCOME INFORMATION FOR 2006

Total number of exemptions on Federal Income Tax Return _____

Adjusted Gross Income \$ _____

Gross income earned from work by father \$ _____

Gross income earned from work by mother \$ _____

Income from interest and dividends \$ _____

Other taxable income \$ _____

Non-taxable income (include social security benefits,
untaxed interest income, etc.) \$ _____

PARENT'S ASSETS

Cash, savings, checking accounts, and certificates of deposit \$ _____

Stocks, bonds and other investments (current value) \$ _____

Home equity (market value minus mortgage) \$ _____

Other real estate (market value minus mortgage) \$ _____

Business or farm (net of business debt) \$ _____

IRA, 401k, etc. \$ _____

At the present time, do you expect to make any
financial contribution toward the applicant's education? yes no

If yes, estimate amount \$ _____

I certify that all of the information on this form is accurate and complete to the best of my/our knowledge.

.....
FATHER'S SIGNATURE

.....
DATE

.....
MOTHER'S SIGNATURE

.....
DATE

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