

Adventures in Veterinary Medicine

Family Financial Aid Application for Summer 2010

POSTMARK DEADLINE: Friday, March 19, 2010

Adventures in Veterinary Medicine has limited funds and is able to provide some degree of financial assistance only to families who are considered financially disadvantaged. Assistance is entirely need-based. The amount of aid available varies from year to year, as we attempt to provide some funding to all eligible applicants. Typical awards range from 10%-30% of the tuition cost. We require that all admitted applicants pay part of their tuition. Admission decisions are made independently of financial aid decisions; an application for financial aid has no bearing on the student's admission status. *Middle school students are not eligible for financial aid.*

Please note: Your application for financial aid will not be considered until you have applied and have been accepted into the Adventures in Veterinary Medicine program. **AVM applications postmarked after March 19, 2010 will not be considered for financial assistance.**

We require federal income tax forms for the year 2009. **We will not accept 2008 documents.** Plan your tax preparation accordingly. Incomplete financial aid applications will not be considered.

REQUIRED DOCUMENTS

Please use this checklist, and include it with your financial aid application.

- 2009 SIGNED Federal Income tax forms for **both** parents/guardians
- W-2 Forms for **both** parents/guardians
- 2009 SIGNED Federal Income Tax forms for student (if applicable)
- W-2 Forms for student (if applicable)
- Completed two-page AVM Financial Aid Application (see attached)
- Personal statement

Every applicant, regardless of age, must provide full documentation for both parents/guardians.

Along with the tax information, we also require a personal statement. Please include a short essay explaining why you should be considered for financial assistance. Also include information about how you will finance the rest of the tuition. Please keep your essay to one page and include your name and your session.

If you have any questions while completing this application, please feel free to contact us at (508) 839-7962 or by email at AVM@tufts.edu. Applications must be complete and postmarked by **March 19, 2010** in order to be considered.

For applicants who have five years of consecutive financial independence from both parents/guardians, we require a signed and notarized affidavit that the applicant

AVM Application for Financial Aid 2010

receives no financial assistance from the parents/guardians. If this applies to you, please contact our office to discuss the documents we require.

AVM Application for Financial Aid 2010

Applicant Information

Session #	First Name	MI	Last Name	DOB
Type of Session	Street Address			Apt. #
City	State	Zip	Country	
Email	Home Phone		Cell Phone	
Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Partnered	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Widowed			

Check each box that applies to the student's family situation. "Parent" refers to Parent or Guardian.

- | | | |
|--|---|--|
| <input type="checkbox"/> Parents/Guardians married
<input type="checkbox"/> Parents/Guardians living together (not married) | <input type="checkbox"/> Parents separated
<input type="checkbox"/> Parents divorced
<input type="checkbox"/> Single-parent household | <input type="checkbox"/> Mother deceased
<input type="checkbox"/> Father deceased
<input type="checkbox"/> Other _____ |
|--|---|--|

Custodial Parent(s)/Guardian(s):

_____ (____) _____ (____)
 Name (first, last) Home Phone
 _____ Number Work Phone Number
 Email address: _____ Occupation: _____ Employer: _____

_____ (____) _____ (____)
 Name (first, last) Home Phone Number Work Phone Number
 Email address: _____ Occupation: _____ Employer: _____

Noncustodial Parent (if applicable):

The noncustodial parent is required to complete a separate AVM financial aid application

_____ (____) _____ (____)
 Name (first, last) Home Phone Number Work Phone Number
 Email address: _____ Occupation: _____ Employer: _____

Please list every member of the applicant's household, including the applicant! Use an additional page if needed.

Name	Relationship to Applicant	Age

AVM Application for Financial Aid 2010

FAMILY'S ANNUAL INCOME		FAMILY'S ASSETS AND LIABILITIES		
Salary & Wages before Taxes	\$	Real Estate :	Value	Debt
Other Income (alimony, child support, AFDC, social security, or other nontaxable income)	\$	Home	\$	\$
TOTAL Monthly Income	\$	Other	\$	\$
Family's Expenses	\$	Business (Value, Debt)	\$	\$
Monthly mortgage(if not renting)	\$	Other Assets	\$	\$
Rent (if not a homeowner)	\$	Bank Accounts	\$	\$
Fixed Yearly Expenses (car payments, insurance, education, etc.)	\$	Other Liabilities	\$	\$
Federal Income Tax	\$	Extraordinary Expenses*	\$	\$

*Use this space to describe any extraordinary expenses and any unusual circumstances that might affect your ability to help pay for the program. Feel free to attach additional pages if necessary.

Personal Statement

We try to provide some assistance to those who need it, but require that applicants pay at least part of their tuition. Please include a short essay explaining why you should be

AVM Application for Financial Aid 2010

considered for financial assistance. Also please discuss how you will finance the rest of the tuition. Details should be included. Please keep your essay to one page and include your name and your session. Attach your personal statement to this document.

CERTIFICATION

I certify that the information in this statement is complete and correct to the best of my knowledge.

Applicant Printed Name		Date: _____
		Applicant Signature

Parent/Guardian Printed Name		Date: _____
		Parent/Guardian Signature

All applications for financial aid must be postmarked by Friday, March 19, 2010. Return this completed form, including checklist and personal statement, and attach a copy of your signed federal income tax return including copies of W-2's to:

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