

Spring 2019 Student Financial Aid Application

Application Instructions to Primary Contact/Parent/Guardian Completing This Form

- Aid awards are based on need.
- Apply early—financial aid funds are limited.
- Applications that do not include all required documentation cannot be processed.

Household information

Duke TIP ID # _____ Grade: _____

Student's Name _____
(First) (MI) (Last)

Please provide contact information for the parent or guardian staff should contact if they need additional information to process your application.

Primary Contact Mother Father Guardian

Name Dr. Mr. Mrs. Ms. _____

Email Address _____ County of Residence _____

Occupation _____ Daytime Phone (_____) _____ - _____

Employer Name _____

Parents' Marital Status Single Married Domestic Partnership Separated Divorced Widowed
If parents are divorced or separated, student lives most of the time with Mother/Guardian Father/Guardian

If you own your home, current value of your home \$ _____
Balance of associated loans..... \$ _____

Does the student participate in a free or reduced lunch program at school? Yes No N/A or home schooled

Do you or any people living in the student's main household (including grandparents, other relatives, or friends) receive:

Social Security payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
SSI payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
Child Support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
Unemployment compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
Welfare, TANF, or other public assistance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If Yes, please list the type of benefit(s) and amount(s) below:

_____ \$ _____/month
 _____ \$ _____/month
 _____ \$ _____/month

Required Attachments

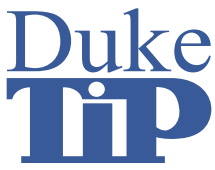
A signed copy of your 2017 Federal Income Tax Return (Form 1040, 1040A, or 1040EZ) along with the forms and schedules listed below that you submitted with your return. Please send only the requested forms and schedules.

- Form 1040, 1040A, or 1040EZ Schedule A Form 4562 Schedule C and/or F
 W2 forms Schedule D Schedule E

Married parents living in the same household, separated parents, and stepparents filing separate tax returns must submit tax forms for both parents. Divorced parents may submit tax forms for the custodial parent only.

I declare that I provided accurate and complete information in this application.

Signature of Primary Contact/Parent/Guardian



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Preferences

Students may apply for one course per weekend. For each weekend that you want to attend, please rank the classes that you are willing to take in order of preference from 1-3, with 1 being your first choice. Please ONLY rank the classes that you are willing to take.

January 26th

- Surgeon for a Day
- Dermatologist for a Day
- Veterinarian for a day

February 9th

- Medical Illustrator for a Day
- Pediatrician for a Day
- Optometrist for a Day

March 9th

- 1st Responder for a Day
- Cancer and Genetics Researcher for a Day
- Dentist for a Day
- Surgeon for a Day

April 6th

- Biomedical Engineer for a Day
- Neuroscientist for a Day
- Surgical Technologist for a Day

May 18th

- Petroleum Engineer for a Day
- Cardiologist for a Day
- Nutritionist for a Day
- Nurse for a Day

How would you (student) describe yourself ethnically? (optional)

- Black/African American
- White/Caucasian
- Latino/Hispanic
- Native American/Alaskan Native
- Asian-American/Pacific Islander
- Other

Gender (optional)

- Male
- Female

Please list any allergies below:

Signature of Primary Contact/Parent/Guardian