Yale SCHOOL OF MEDICINE

Financial Aid Office

Notification and Confirmation

2023 – 2024

IMPORTANT: Complete this form and return it with your Financial Aid Award Acceptance. ALL forms can be found at https://medicine.yale.edu/education/financialaid/formsandresources/

STUDENT INFORMATION

Student's Name: _____

Yale ID Number: _____ Date of Birth: _____

○ I will be applying for $_____ **Yale Alumni Loan** (*MD students only*)

I have **read** the terms and conditions of the loan at:
https://medicine.yale.edu/md-program/financialaid/scholarships/loans/
and **reviewed** the Application Disclosure at:
http://finaid.yale.edu/forms/tila-disclosure-yale-loan-medical-students

I understand that I need to complete the Private Education Loan Applicant Self-Certification form
_____ (*please initial*)

○ I will be applying for $_____ **Federal Direct Unsubsidized Loan**

○ I will be applying for $_____ **Federal Direct Graduate PLUS Loan**

Please note that by signing this form, you are authorizing the US Department of Education (USDE) to investigate your credit record.

○ I will be applying for $_____ **Yale Graduate and Professional School International Loan**

I have **read** the terms and conditions of the loan at:
https://medicine.yale.edu/md-program/financialaid/scholarships/loans/
and I have **reviewed** the Application Disclosure at:
https://finaid.yale.edu/forms/tila-disclosure-graduate-professional-international-loan

I understand that I need to complete the Private Education Loan Applicant Self-Certification form
_____ (*please initial*)

○ I will be applying for $ _____ **Other personal or private loan** (*must be in student name*)

I understand that I need to complete the Private Education Loan Applicant Self-Certification form
_____ (*please initial*)

○ I will be declining these loans.

Note: This option is only available if you are not receiving Yale Alumni Scholarship.

Student's Signature: _____ Date: _____ Class of: _____

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