Yale University
School of Medicine
http://info.med.yale.edu/education/finaid

Yale University School of Medicine
Financial Aid Office
367 Cedar Street
New Haven, CT 06510

Phone: (203)785-2645
FAX: (203) 785-2924

LOAN COVER SHEET
2009/2010 ACADEMIC YEAR
PLEASE ATTACH LOAN APPLICATION

All first time borrowers receiving any type of loan (e.g., Stafford, Market Rate loans or Yale Medical school loans) must complete this form. Any returning student with a loan application must complete this form to help with the processing of those loans.

Name _____ SSN _____
Home Address _____
(No/Street) (City) (State/Zip)
E-Mail Address _____
Anticipated Date of Graduation _____

List an adult other than your parents who will always know your address:
Name _____ Business Phone _____
Street _____ Home Phone _____
City _____ State _____ Zip _____

Give three personal references (not relatives) who are mature persons, householders or property owners or business or professional men and/or women of good standing in the community who have known you well for several years.

Name	***Age***	***Address Street/City/State/Zip***	***Phone #***	***Present or most Recent Occupation***

LIST YOUR LENDERS ADDRESS: If you have more than one lender please, provide information on each lender.

Stafford Loan:
Lender Code_____
Lender Name: _____
Business Phone _____
Street _____
City _____State _____Zip _____

GradPlus/Private Loan:
Lender Code_____
Lender Name: _____
Business Phone _____
Street _____
City _____State _____Zip _____