



PETITION TO WAIVE PARENTAL CONTRIBUTION

Yale School of Medicine recognizes that it is not always appropriate for students with a significant history of financial independence from parents to expect the full calculated parental contribution. For this reason, students who can demonstrate financial independence from both parents may petition to waive the parental contribution. For more information, please see the Petition to Waive Parental Contribution Policy and the Independent Student Policy on the Financial Aid Web Page at <http://www.medfinaid.yale.edu> and in the Financial Aid Handbook.

Instructions: Complete this form and submit it to the Yale School of Medicine Financial Aid Office. It must be signed by the student and both parents (when applicable).

Student's Name: _____ Social Security Number _____

Father's Name: _____ Mother's Name _____

Age as of August 2009: _____ Expected Date of Graduation: _____

Certification Criteria:

1) Did (or will) your parents claim you as a federal income tax exemption in any of the calendar years 2002 to 2008? Yes ___ No ___

If yes, specify which years:

2008: _____ 2007: _____ 2006: _____ 2005: _____ 2004: _____ 2003: _____

2) Did you live with your parents for a total of more than six months during the period January 1, 2002 through December 31, 2008? Yes ___ No ___

3) How much did you receive in financial support from your parents for living expenses and pre-Yale educational expenses during the period from January 1, 2002 through December 31, 2008?

2008: _____ 2007: _____ 2006: _____ 2005: _____ 2004: _____ 2003: _____

4) Have you discussed with your parents their willingness to contribute financially to your Yale School of Medicine educational expenses? Yes ___ No ___

Upon this discussion, have your parents offered and/or expressed an ability to contribute financially to your Yale School of Medicine educational expenses? Yes ___ No ___

If yes, specify the annual amount offered as the parental contribution. _____

5) What was your approximate earning for the seven calendar years prior to your matriculation to Yale School of Medicine?

2008: _____	2005: _____
2007: _____	2004: _____
2006: _____	2003: _____

6. Continuing Students:

- a) How much have you received in financial support from your parents for educational expenses since matriculating at Yale School of Medicine? _____
- b) If your parents did provide the full expected parental contribution in past years, how did you make up the financial shortfall? _____

Certification

By signing below, you attest to the following:

- All of the information on this form is true and accurate to the best of my knowledge.
- We have read the Petition to Waive Parental Contribution Policy Statement and understand that we may be required to submit documentation in addition to the request on the Policy Statement
- Students are obligated to contact the Financial Aid Office if the expected level of support changes during the course of their enrollment. If the school has reason to suspect that a student may have deliberately misrepresented information in this petition, the student may be subject to disciplinary action.

Student's Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____