

Notification and Confirmation

2018 – 2019

IMPORTANT: Complete this form and return it with your Financial Aid Award Acceptance. **ALL forms** can be found at <http://medicine.yale.edu/education/finaid/apply/forms.aspx>

STUDENT INFORMATION

Student's Name: _____ MD PA

Yale ID Number: _____ Date of Birth: _____

I will be applying for \$_____ **Yale Alumni Loan** (*Medical school students only*)

I have **read** the terms and conditions of the loan at:

<https://medicine.yale.edu/education/financialaid/scholarships/loans.aspx>

and **reviewed** the Application Disclosure at:

<http://www.yale.edu/sfas/finaid/student-loan-info/1516/1516TILA-YaleMed.pdf>

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:

<http://finaid.yale.edu/forms/tila-disclosure-graduate-professional-international-loan>

and I have **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 declining these loans.

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

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

