

Adventures in Veterinary Medicine 2020 Family Financial Aid Application

POSTMARK DEADLINE: Monday, March 1, 2020

The Adventures in Veterinary Medicine program has limited funds to provide some degree of financial assistance to families who are considered financially disadvantaged. An individual from a disadvantaged background is one who comes from a "low-income family or household." Disadvantaged situations are determined by using economic, educational, and cultural factors. Other criteria taken into consideration in determining eligibility are family size, income, assets, expenses, and discretionary spending.

Assistance is entirely need-based, and we are not able to honor all requests. Typical awards range from 20–40% of the tuition cost, and eligible admitted applicants are required to pay their portion of the remaining tuition. AVM admission decisions are made independently of financial aid decisions. **Middle school students are not eligible for financial aid.**

REQUIRED DOCUMENTS

Please use this checklist, and include it with your financial aid application.

- 2018 SIGNED federal income tax forms for **both** parents/guardians
- W-2 Forms for **both** parents/guardians
- 2018 SIGNED federal income tax forms for student (if applicable)
- W-2 Forms for student (if applicable)
- Completed two-page AVM Financial Aid Application (see attached)
- Personal statement

Please note that we will require financial aid applications and supporting tax documents from BOTH (custodial & noncustodial) sets of parents in order for your application to be considered. Every applicant, **regardless of age**, must provide full documentation for both parents/guardians, with the following exceptions.

- For applicants who have five consecutive years of financial independence from both parents/guardians, we require a signed affidavit that the applicant receives no financial assistance from the parents/guardians. If this applies to you, please contact our office to discuss the required documentation.
- If you are unable to provide data for a parent due to estrangement, you must complete a waiver request form to submit with your application. In most cases, the estrangement would be defined as being long-term and permanent in nature and applicable to all areas of your relationship. If this applies to you, please contact our office to discuss the required documentation.

Along with the tax information, we also require a personal statement in the form of an essay that explains why you should be considered for financial assistance. Please keep your essay to one page and include your name and your session. Also be sure to include information as to how you will finance the rest of the tuition. If you are a college student, please provide us with information on how you are funding your college education (i.e. scholarships, work-study, etc.).

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Applicant Information

Session #	First Name	MI	Last Name	DOB
Type of Session	Street Address		Apt. #	
City		State	Zip	Country
Email		Home Phone		Cell Phone
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				

Check each box that applies to the applicant's family situation. "Parent" refers to Parent or Guardian.

- | | | |
|--|--|--|
| <input type="checkbox"/> Parents/Guardians married | <input type="checkbox"/> Parents separated* <i>(see below)</i> | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Parents/Guardians living together (not married) | <input type="checkbox"/> Parents divorced* <i>(see below)</i> | <input type="checkbox"/> Father deceased |
| | <input type="checkbox"/> Single-parent household* <i>(see below)</i> | <input type="checkbox"/> Other |

****We require financial aid applications and supporting tax documents from BOTH (custodial and noncustodial) sets of parents in order for your application to be considered.***

Custodial Parent(s)/Guardian(s):

Name (first, last)	Home Phone Number	Work Phone Number
Email address: _____	Occupation: _____	Employer: _____

Name (first, last)	Home Phone Number	Work Phone Number
Email address: _____	Occupation: _____	Employer: _____

Noncustodial Parent (if applicable):

The noncustodial parent is required to complete a separate AVM financial aid application with all supporting tax documents.

Name (first, last)	Home Phone Number	Work Phone Number
Email address: _____	Occupation: _____	Employer: _____

Please list every member of the applicant's household, including the applicant. Use an additional page if needed.

Name	Relationship to Applicant	Age

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Family's Income		Family's Assets and Liabilities		
Salary & Wages before Taxes (Monthly)	\$	Real Estate:	Value	Debt
Other Monthly Income (alimony, child support, AFDC, social security, or other nontaxable income)	\$	Home	\$	\$
TOTAL Monthly Income	\$	Other	\$	\$
TOTAL Yearly Income	\$	Business (Value, Debt)	\$	\$
Family's Expenses		Other Assets:	\$	\$
Mortgage/rent (Monthly)	\$	Bank Accounts	\$	\$
Fixed Monthly Expenses (car payments, insurance, education, etc.)	\$	Other Liabilities	\$	\$
TOTAL Monthly Expenses	\$	Extraordinary Expenses (Please specify separately)	\$	\$

Please include your personal statement and supporting documents along with this document. If there have been significant changes in income from what is shown on your 2018 tax forms, please explain on a separate piece of paper and submit supporting documentation.

To protect your privacy, you should white out or remove all Social Security Numbers on your documentation.

CERTIFICATION

I certify that the information in this statement is complete and correct to the best of my knowledge.

			Date: _____
Applicant Printed Name		Applicant Signature	
			Date: _____
Parent/Guardian Printed Name		Parent/Guardian Signature	

All applications for financial aid must be postmarked by Monday, March 1, 2020. Return this completed form along with the checklist, personal statement, and attach a copy of your signed federal income tax return including copies of W-2s to:

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