

PRIME Financial Aid Application

Student Name _____ Student ID _____

Financial Aid Eligibility

- Financial aid is limited for non-degree students and when available, is typically in the form of loans
- Eligibility for financial aid is determined upon review of the completed PRIME Financial Aid Application, FAFSA and any other requested documentation.
- Students in the PRIME program may be eligible for limited Federal Direct Loans if enrolled in 6 or more credit hours per semester.
- Parents of dependent students enrolled in 6 or more credit hours per semester may be eligible to borrow a Federal Parent PLUS Loan.
- Aid eligibility is restricted to a single, consecutive 12-month period. Students who have previously received financial aid for non-degree coursework may not be eligible for additional aid.
- Students must meet requirements for Federal student aid as established by the U.S. Department of Education and CWRU.
- Private educational loans through commercial lenders may be borrowed to supplement or in place of Federal Direct Loans. See <https://choice.fastproducts.org/FastChoice/home/302400>.

This form should be used for students enrolled in the PRIME post-baccalaureate program to help the Office of University Financial Aid determine eligibility for Federal loan funds. Please note that the 2017-2018 FAFSA must be submitted as well. www.fafsa.gov CWRU's Federal School Code 003137

1. Indicate in which semester(s) you plan to take non-degree coursework:

Fall 2017 ___ Spring 2018 ___ Summer 2018 ___

How many credits per semester do you intend to enroll:

Fall 2017 ___ Spring 2018 ___ Summer 2018 ___

2. Do you have a high school diploma? Yes___ No___

High school name: _____

High school city, state: _____

3. Financial Aid History: (Check one)

I have never received federal financial aid as a non-degree student

I have received federal financial aid as a non-degree student

Detail the aid received below:

Institution attended: _____

Type of aid (Direct Loan/PLUS: _____

Amount received: \$_____

Student signature: _____

Daytime phone: _____

Email: _____

Date: _____

Certifying Official

This student's enrollment plan as indicated above is appropriate for the P.R.I.M.E. program and the courses to be taken are required for admission into medical school or other health professions' graduate program.

University official's name: _____

University official's signature: _____

Department: _____