



Student Information

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| LAST NAME | FIRST NAME | MI | SIS STUDENT ID | | | | | | DATE OF BIRTH |
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Instructions:

You are required to submit this form and supporting documentation directly to the School of Medicine Office of Financial Aid for processing.

INCOMING AND CURRENT CWRU MD AND PA STUDENTS: Please upload **the completed form, the CSS Profile Waiver Request form, and supporting documentation** online by logging into the My Financial Aid Portal, clicking on the 'Menu' in the upper left corner, clicking on the documents and messages option to locate the **Parent Tax Return** upload.

If you have any questions, please feel free to contact us at medfinancialaid@case.edu.

Please submit a clean and legible copy of:

1. This form
2. CSS Profile Waiver Request form
3. Supporting Documents as outlined on the above form

AFFIDAVIT OF AUTHENTICITY

I certify that the attached documents are the true, exact, and complete. I understand that providing false or misleading information or document is punishable by fine or imprisonment and may make me liable for any funds received on the basis of the information and documents I have provided.

 Student's Signature

 Date Signed