

THE UNIVERSITY OF ILLINOIS AT CHICAGO

UIC

College of Medicine

Office of Student Financial Aid (M/C 782)
808 South Wood Street, Rm. 163
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<http://www.uic.edu/depts/mcam/finaid/index.shtml>

2008-2009

**PARENTAL INFORMATION
FORM**

Students who want to be considered for the Scholarship for Disadvantaged Students (SDS), and/or the Primary Care Loan (M4s only), he/she **must** provide parental information on the FAFSA **and** submit this form to the financial aid office by **August 1, 2008**. By submitting this form a student is **not** forfeiting his/her status as an independent student and his/her eligibility to receive other federal or state financial aid funds. Please provide information for each of the items on this form. If the answer is zero or not applicable, enter "0" for the response. **You must also submit a copy of your parents' 2007 U.S. Tax Return forms (See Parental Income Verification Guidelines) in order to be considered for the Scholarship for Disadvantaged Students or the Primary Care Loan.**

(check program below)

Student's Name _____

UIN _____

SDS

PCL

INSTRUCTIONS:

Complete this form in its entirety and be sure to include supporting documents (e.g., tax forms, etc), if instructed to do so.

PARENT INFORMATION

PARENTS' HOME ADDRESS:

Number and street (include Apt. Number) _____

City _____

State _____

() _____
Phone number

PARENTS' CURRENT MARITAL STATUS (check one):

AGE OF OLDER PARENT:

- Married
- Single
- Separated
- Divorced
- Widowed

Note: If the applicant's parents are divorced and one or both have remarried then include the step-parent's data as well. The parent (and stepparent) who provided the most recent financial support (including money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) during the past 12 months or during the most recent calendar year that the applicant was actually supported by that parent, has the responsibility of providing financial information.

PARENTS' LEVEL OF SCHOOLING:

Highest school mother completed (check one):

Highest school father completed (check one):

- ___ Less than High School
- ___ High School
- ___ College or beyond

- ___ Less than High School
- ___ High School
- ___ College or beyond

Are you the first member of your family to attend college? ___ Yes ___ No

If no, what other members of your family attended college? Parent(s) Graduated? ___ Yes ___ No

Sibling(s) Graduated? ___ Yes ___ No

For the majority of time from birth to age 18, were you raised by a single parent/guardian? ___ Yes ___ No

If you feel that your background is educationally disadvantaged, please describe why:

(Please use a separate sheet of paper if more space is required)

PARENTS' HOUSEHOLD SIZE:

Complete the table below for family members in parents' household during the **2008-2009** academic year. Include the College of Medicine student, parents, and any other persons that will be supported in parents' household. The College of Medicine student **must** be included as part of the parents' family size, whether or not he/she currently receives support from the parents. If other family members are in college, we may require proof of registration.

Full Name	Age	Relationship to student	Name of college person that will attend ½ time or more in 2008-2009
Student		Self	UIC-College of Medicine

PARENTS' INCOME INFORMATION:

2007 U.S. Tax Return Type Filed (check one):

- 1040
- 1040A
- 1040EZ
- Non-Filer (See Parent Information Income Guidelines)

	2007 Income earned from work (wages, salaries, tips, etc)	
Father/Stepfather	\$	
Mother/Stepmother	\$	

This information can be obtained from parents' W-2 forms, or on IRS Form 1040-lines 7+12+18; or 1040A-line 7; or 1040EZ-line 1.

	2007 Adjusted Gross Income (AGI)	2007 Income Tax amount
1040	Line 37 \$	Line 57 \$
1040A	Line 21 \$	Line 35 \$
1040EZ	Line 4 \$	Line 10 \$

2007 Untaxed Income and Benefits: \$ _____

(Enter earned income credit; untaxed social security benefits; welfare benefits; child support; payments to tax-deferred pension and savings plans as reported on W-2 form; workers compensation; deductible IRA and/or Keogh payments; etc.)

PARENTS' ASSET INFORMATION:

Current Balance of Savings or Checking Accounts: \$ _____

Current Equity in Real Estate or Investments: \$ _____
(Do NOT include the value of the family home)

Current Equity in a Business or Farm: \$ _____
(Do NOT include a family's house on the farm)

CERTIFICATION OF PARENT:

I/we certify that the information provided on this form is complete, true, and accurate; is taken from my/our tax return that has been submitted to the U.S. Internal Revenue Service (for applicable items); and is an accurate reflection of my/our financial assets and resources.

Parent Signature

Date