

**SCHOOL OF DENTISTRY**

*Applicant Data Form • Fall/Winter 2009-2010*

(734) 763-4119 www.finaid.umich.edu

Submit this Applicant Data Form (ADF) by **April 24, 2009**, directly to:

Mary Gaynor, Assistant Director of Financial Aid  
 School of Dentistry  
 University of Michigan  
 1011 N. University Avenue  
 Ann Arbor, MI 48109-1078  
 Fax: (734) 764-1922



**1. UMID NUMBER (8 digits)** \_\_\_\_\_  
*Optional for entering students.*

**2. NAME** \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**3. FAMILY MEMBERS LISTING**

If you are a student applying for the **Health Professions Loan**, provide information about all family members in your parents' household for 2009-2010, as reported on the Free Application for Federal Student Aid (FAFSA). Also, include information about family members in your household for 2009-2010, as reported on the FAFSA. If there are more than six family members, continue the list on the reverse side of this form.

Full Names of ALL Family Members <i>(including you, the U-M student)</i>	Age	Relationship to You	This Family Member Will be Enrolled in College or University in 09-10 <i>(if not enrolled, leave blank)</i>			Name of College or University That This Family Member Will Attend in 09-10 <i>(if not enrolled, leave blank)</i>	Child Care Expenses Per Week to be Paid by You (U-M Student) for This Family Member in 09-10 <i>(if none, leave blank)</i>
			Full-Time	Half-Time	Less Than Half-Time		
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$