

Applicant Data Form • 2017-2018

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Submit this Applicant Data Form (ADF) directly to ►

CONTINUING STUDENTS: April 14, 2017

ENTERING STUDENTS: May 19, 2017

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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 2017-2018, as reported on the Free Application for Federal Student Aid (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 17-18 <i>(if not enrolled, leave blank)</i>			Name of College or University That This Family Member Will Attend in 17-18 <i>(if not enrolled, 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"/>	