

# Applicant Data Form 2018-2019

Submit this Applicant Data Form (ADF) directly to ►

**CONTINUING STUDENTS: April 20, 2018**

**ENTERING STUDENTS: May 18, 2018**

**JOHN MANK**  
*Assistant Director of Financial Aid*  
 School of Dentistry  
 University of Michigan  
 G226 Dental Building  
 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 2018-2019, 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 18-19 <i>(if not enrolled, leave blank)</i>			Name of College or University That This Family Member Will Attend in 18-19 <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"/>	