

# MEDPREP Tuition Waiver Application

MEDPREP  
 Wheeler Hall Room 210  
 Mail Code 4323  
 Carbondale IL 62901

618-453-1650  
 medprep@siumed.edu

NAME (Last, First, Middle Initial)
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You may submit your completed application and required FAFSA Student Aid Reports\* (SAR) in PDF format via email, U.S. mail, or in person to the address at left on or before May 15.

Please complete *all* information requested on this application.

\*To be considered for a Summer tuition waiver, please submit your CURRENT academic year SAR. For Fall-Spring, submit your UPCOMING academic year SAR.

## CONTACT INFORMATION

Number, Street, Apartment			Email
City	State	ZIP	Telephone
Do you have FAFSA on file with the SIUC Financial Aid Office? <b>No    Yes</b>		Do you or your parents currently have <i>private</i> (non-FAFSA) education loans? <b>No    Yes</b> If you wish to have the committee consider these loans, provide documentation from the lender(s) or financial aid office.	
Do you hold another university appointment that provides a tuition waiver? <b>No    Yes</b>			

Income Statement (include financial assistance you will receive or employment you will hold during the term for which you are applying.)

Explain why you need/merit a tuition waiver. Please be concise and confine your explanation to the space below.

I declare under penalty of perjury that the foregoing is true and correct. I am fully aware that any intentional falsification of information contained herein may result in the denial of this application or loss of aid currently held. I realize, furthermore, that this waiver may be revoked if I fail to meet the designated requirements of being enrolled in MEDPREP, in maintaining the hour and grade requirements, and in being in academic good standing as specified in the guidelines for tuition waiver.

Signature and Date