Checklist of items that must be completed and submitted to the Financial Aid Office before processing:

Continuing Students:

1) 14-15 Financial Aid Application

2) 2013 Tax Returns submitted to IRS – TAX FILERS ONLY
   NOTE: After filing your 2013 taxes with the IRS, wait at least 4-5 weeks before completing your 2014–15 FAFSA so that you can use the IRS Data Retrieval Tool.

3) 14-15 FAFSA (www.FAFSA.gov) – School code 041426

New Students:

3) Entrance Exam (www.studentloans.gov)
   (Complete Stafford/Grad Plus) and (new or first-time borrowers)

4) Sign Unsubsidized Master Promissory Note (MPN) & Grad Plus MPN (www.studentloans.gov)

Make copies of all original forms for your own records.

Financial Aid Office
Touro University-California
1310 Club Drive
Vallejo, CA 94592
1-707-638-5280
1-707-638-5262 FAX
finaid@tu.edu
Touro University California Financial Aid Application 2014–2015

COMPLETE THE ITEMS LISTED BELOW TO BE CONSIDERED FOR FINANCIAL AID:

- 2014-2015 FAFSA
  (Use Touro University school code 041426 - Vallejo, CA)
- Loan application process
  Complete all steps at studentloans.gov
  Entrance counseling
  Master Promissory Note(s)
- 2014-2015 Touro Financial Aid Application
- Make copies of all forms submitted for your records and keep in a financial aid file to refer to as needed.

PLEASE PRINT IN DARK INK

STEP 1: Please check your program:

- Doctor of Osteopathic Medicine
- Pharm.D
- Physician Assistant/MPH
- Master of Science in Medical Health Sciences
- Master of Public Health
- Master of Education
- Teaching Credential only
- Master of Science in Pharmaceutical Science
- Master of Science in Nursing

LAST NAME  FIRST NAME  MIDDLE INITIAL

DRIVER’S LICENSE NUMBER  STATE  EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)  SOCIAL SECURITY NUMBER

LOCAL ADDRESS: Street, Apt. Number, City, State, Zip  LOCAL TELEPHONE NUMBER

PERMANENT ADDRESS: Street, Apt. Number, City, State, Zip  PERMANENT TELEPHONE NUMBER

STEP 2: Personal Reference

Please provide a relative or friend who resides at different address and does not live with you, who will always know how to contact you.

NAME  RELATIONSHIP

ADDRESS: Street, Apt. Number, City, State, Zip  TELEPHONE NUMBER

EMAIL ADDRESS

STEP 3: Academic Year Information

Will you be taking at least 9 credits during each of the following terms?  
- Yes  
- No

If not, please indicate the number of credits you will complete for each term.

Please note that students taking fewer than six credits are not eligible for student loans.

- Summer 2014 semester
- Fall 2014 semester
- Spring 2015 semester

Are you married?  
- Yes  
- No

If yes, name of spouse:

STEP 4: Resource Information

List all educational benefits that you will receive during the 2014-2015 academic year, including any funds from the military health professions scholarship program. Do not include Federal Stafford loans, graduate plus or alternative loans. If you have applied for a scholarship or for educational benefits and have received tentative approval, please list them below. Please include Veteran’s benefits and the type of VA benefits.

NAME & AMOUNT OF AWARD(S)  NAME & AMOUNT OF AWARD(S)
**STEP 5: Indicate amount for each loan type you select: Do NOT leave blank.**

- Check here if you would like to be considered for work study funds to work on/off campus.
- Unsubsidized Loan $ ____________ (See Tuition & Fees online for maximum amount. You may borrow less than amount listed if you prefer).*
- Grad Plus Loan $ ____________ (Graduate students only)

*Tuition and Fees information for each program is located on the Touro University California website at www.tu.edu. If you are a new student, please go to Prospective Students, click on Financial Aid and then the Cost Of Attendance page. If you are a returning student, please go to Current Students, click on Financial Aid and then the Cost Of Attendance page.

**STEP 6: Consent to Obtain Credit Report**

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

SOCIAL SECURITY NUMBER

DATE OF BIRTH (mm/dd/yyyy)

LAST NAME

FIRST NAME

M.I.

STREET

CITY

STATE

ZIP

PHONE NUMBER

SIGNATURE OF BORROWER

TODAY’S DATE

* Complete your Direct Plus Master Promissory Note (MPN) at www.studentloans.gov.

**Privacy Act Disclosure Notice**

The privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called “Title IV Program Files” (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and “National Student Loan Data System” (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.
**STEP 7: Student Certification**

My signature below constitutes my request for a loan under Direct Lending for attendance at Touro University California. Please check the following boxes after you have read the statements, and sign below:

- [ ] All of the information in this application is true, complete and accurate to the best of my knowledge. I understand it is my responsibility to ensure all information is complete in order to avoid delays in receiving financial aid.
- [ ] I certify that I will use any financial aid funds I receive only for expenses related to attendance at Touro University California.
- [ ] I do not owe a refund on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.
- [ ] I agree to report to the Financial Aid Office any changes in my financial status, such as receipt and amount of outside scholarships, grants, gifts, work or loans.
- [ ] I understand that the Financial Aid Office may require a copy of my 2013 federal income tax transcript, tax account information, or verification that I did not file, directly from the Internal Revenue Service.
- [ ] I certify that I have a high school diploma or its recognized equivalent.
- [ ] I authorize the Financial Aid Office to use my financial aid award funds, via electronic funds transfer, toward payment of my required fees and tuition.
- [ ] I understand that if I have extenuating circumstances regarding my finances and wish to be considered for additional alternative or Grad PLUS loan funds, I must submit written documentation to the Financial Aid Office requesting re-evaluation of my financial aid application.
- [ ] I understand that financial aid funds likely will not be available until after classes begin. I understand that I must have other funds available for initial and/or immediate living expenses, books and supplies.
- [ ] I understand that this loan is to be used for educational purposes while I am attending Touro University California. I will use the proceeds from this loan accordingly. I also understand that this and any other student loan that I may have acquired must be repaid with interest and that I will be charged interest on unsubsidized loan funds while I am in school.
- [ ] I understand that I must complete loan counseling and a Master Promissory Note (MPN) online.
- [ ] I further understand that I must immediately notify Touro University California if my status as a student, name or address changes and that failure on my part to adhere to the terms and conditions of my loan will result in a default and forfeiture of some of the benefits afforded me in this program.
- [ ] Finally, I understand that I have other rights and responsibilities and that if I am not fully aware of them, I will ask the Financial Aid Office at my school to provide me with the information.

Signature: ___________________________ Date: ___________________________

**STEP 8: Permission to Correct FAFSA Information**

Information on your institutional Student Aid Report which is generated by the FAFSA may need to be corrected. Touro University California can expedite these corrections by having a student provide consent by signing in this section. By signing below you are authorizing Touro University California/Touro College to make any required changes to your FAFSA.

Signature: ___________________________ Date: ___________________________

**STEP 9: FERPA Release of Consent**

As per the Family Education Rights and Privacy Act (FERPA), Touro University California/Touro College will not discuss matters of your financial aid or your bill without the specific authorization from the student. If the student chooses to complete this section, TUC/TC will only disclose this information with the individual(s) you list below.

I authorize the Office of Financial Aid at Touro University California/Touro College to discuss circumstances regarding my financial aid, tuition and related expenses while attending Touro University California with the following people:

List all people on the line above that you give permission to discuss your financial aid with.

Signature: ___________________________ Date: ___________________________

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**Answering your financial aid questions has never been easier...Check us out online.**

Go to www.tu.edu, click either prospective or current students.
Select Financial Aid Link.

**Helpful links:**

- Federal Student Aid Information: www.studentloans.gov
- Fastweb Scholarship Search: www.fastweb.com
- Free Credit Reports: www.annualcreditreport.com
- National Student Loan Data System: www.nslds.ed.gov