

**Oregon Health & Science University**  
**2008-09 Department of Health and Human Services Instructions**  
**MD and Physician Assistant Students**

Each year the Department of Health and Human Services (DHHS) allocates funding to OHSU to provide aid for students. For OHSU students enrolled in the MD and Physician Assistant programs, the type of DHHS funding available this year is Scholarships for Disadvantaged Students (SDS). The scholarship selection process is primarily based on economic factors.

**Eligibility Factors:**

1. Eligibility for funding is determined by evaluating the 2008-09 Free Application for Federal Student Aid (FAFSA) and your existing financial aid award.

2. All students who wish to be considered for this fund must provide all parental information listed on the FAFSA regardless of age, marital status, or independent status\*\*\*.

Please review your 2008-09 FAFSA immediately to see if you supplied ALL of the parental information under the 'FAFSA Follow-Up' section on [www.fafsa.ed.gov](http://www.fafsa.ed.gov). You can also add any missing parental information at that website under the 'FAFSA Follow-Up' section by selecting 'Make Corrections to a Processed FAFSA'. You will use your PIN number to review and/or correct your FAFSA. If you have questions regarding your PIN number, you should go to [www.pin.ed.gov](http://www.pin.ed.gov). If you have to request a PIN, it will take additional time, so please make sure to allow enough time to complete the information before the due date listed below.

\*\*\*The only exception that DHHS allows for not supplying your parent data would be if both of your parents are deceased. If this is the case, you would need to complete the application form and attach documentation of their death (death certificate, obituary, etc). You may skip question #3 and #4 on the application regarding parental household information.

Students for whom parental data is not otherwise available or those uncomfortable providing such data need not submit an application, as there are no other exceptions allowed under the Title VII law governing the awarding of these funds.

**To be considered for this funding, all items must be received by the OHSU Financial Aid Office by October 30th, 2008. Incomplete application will not be reviewed.**

1. Return the completed 2008-09 Department of Health and Human Services Application for MD and Physician Assistant Students, and
2. Be awarded 2008-09 federal financial aid, and
3. The OHSU Financial Aid Office must have received an electronic 2008-09 FAFSA with ALL the parental information (unless you meet the exception to this rule as described above).

**The awarding process:**

1. When your application for SDS is reviewed, you may be asked to supply additional information regarding you and/or your parents. If you are asked for information, you will be sent an email outlining the request for information with a due date to return those items.

2. If you are awarded any of these funds, they will be included as part of your financial aid package. This *may* reduce/replace other forms of financial aid previously awarded. If you are awarded funds, you will receive a revised award letter in the mail.

**2008-09 Department of Health and Human Services Application  
For MD and Physician Assistant Students**

1. Name: \_\_\_\_\_ SS#: \_\_\_\_\_

2. Did you previously participate in a Health Careers Opportunity Program (HCOP) at another school or university?

No       Yes If yes, list the program location: \_\_\_\_\_

3. Number of Family Members in **Parents'** Household: \_\_\_\_\_

\* **Include yourself, regardless of living circumstance.**

\* **Include your parents (your parents would be those whose information is reported on your financial aid form).**

\* **Include your parents' other children if your parents provide more than half of their support from July 1, 2008 through June 30, 2009.**

\* **Include others if they live with your parents and your parents will provide more than half of their support for them from July 1, 2008 through June 30, 2009.**

4. Number of family member in your **Parents'** Household in college: \_\_\_\_\_

\* **Include yourself, regardless of living circumstances.**

\* **Do not include your parents (your parents would be those whose information is reported on your financial aid form).**

\* **Include other people in your parents' household if they are attending at least half time during 2008-09 in a program that leads to a college degree or certificate.**

5. Identify **your parents'** current occupation (or if retired, their most recent occupation) and if they attended postsecondary education:

a. Mother's Occupation: \_\_\_\_\_

b. Did your mother attend postsecondary education (post high school)? Yes\_\_\_ No\_\_\_

c. Father's Occupation: \_\_\_\_\_

d. Did your father attend postsecondary education (post high school)? Yes\_\_\_ No\_\_\_

**I have reviewed, and if necessary, revised my 2008-09 FAFSA to include all parental information as described in the 2008-09 Department of Health and Human Services Instructions-MD and Physician Assistant Students.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail the completed form to:**

OHSU  
Registrar and Financial Aid Office  
3181 SW Sam Jackson Park Road  
Mail Code L109  
Portland, OR 97239-3098

**Or Fax the completed form to our office:** 503-494-4629

**Or drop of the completed form at our office:** Mackenzie Hall, Room 1120

**DHHS**