

CMSRU Financial Aid Services

Medical Education Building 401 South Broadway, Camden, NJ 08103 Phone: (856) 361-2850 ~ Fax: (856) 361-2828 financialaid@coopermed.rowan.edu

PROOF OF FINANCIAL AID REQUEST FORM

Students who seek loan funding and repayment options not available through federal education loan programs, may decide upon a private/alternative education loan. These loans require a credit check. Students must determine the amount of funding to request, choose a lender, and confirm repayment options. Students may not exceed their cost of attendance budget. If additional funding is needed, students must submit a new application through the private lender directly. Students must research private financing options carefully, as private loan stipulations vary widely per lender.

Please submit this form to CMSRU Financial Aid Services. Students are required to confirm receipt.

STUDENT INFORMATION	cial Ald Services. Students are require	id to commit recei	pt.
OTOBERT INFORMATION			
Student Name	Student ID	Curre	ent Med Year
Student Rowan Email	Student Phone Number		
LANDLORD INFORMATION			
N (1 % 1 M			
Name of Landlord or Management Company METHOD OF DELIVERY			
O Email Scan			
O Send to student's Rowan email			
O Send to landlord/management company	gement Company Email		
O Pick Up (proof of aid letter are released to the requesting			
This op (proof of aid letter are released to the requesting	g student only)		
O Fax			
Fax Number			
O US Mail O Send to student			
Student Address (Street)	(City)	(State)	(Zip Code)
O Send to landlord/management company			
Landlord/Management Company Address (Street)	(Cit.)	(Ctota)	(Zin Code)
	(City)	(State)	(Zip Code)
STUDENT SIGNATURE			
Chadad Cinadau	Pub. (mm (dd (mm)		
Student Signature CMSRU FINANCIAL AID SERVICES USE ONLY	Date (mm/dd/yyyy)		
Method of Delivery:			
Email Scan Send to student's Rowan email Send to la	andlord/management company		
O Pick Up (proof of aid letter are released to the requesting			
O Fax	Date of pick up (mm/dd/yyyy)		
O US Mail O Send to student O Send to landlord/man	nagement company		
Processed By			
Financial Aid Representative	Date	(mm/dd/yyyy)	Undated 12/21/202