

Institute for Infection, Inflammation and Immunity in Children (i4Kids)
Medical Student Scholarship
University of Pittsburgh School of Medicine
Children's Hospital of Pittsburgh
Rangos Research Building, 9th Floor
4401 Penn Avenue
Pittsburgh, PA 15224

Financial Aid Release Form

Instructions: To verify your financial need, please complete this form authorizing the Office of Financial Aid and the Institute for Infection, Inflammation & Immunity in Children (i4Kids) to release your financial aid information for the i4Kids Medical Student Scholarship. This form is part of the application package. All information will remain strictly confidential.

Office of Financial Aid and i4Kids: Please keep this form in the student financial file.

I authorize the Office of Financial Aid at the University of Pittsburgh School of Medicine to release information regarding my financial aid form, scholarships, grants or loans that I have received and any supplemental financial information in my current financial file to the i4Kids.

Name (Please Print): _____

Signature: _____

Date: _____