



CONFIDENTIAL

Mount Sinai School of Medicine
Annenberg Building,
One Gustave L. Levy Place
New York, NY 10029-6574

Student Financial Services
Box 1002 Room 5-05
Tel.: (212) 241-5245
Fax.: (212) 876-4658

Class of _____

For the Academic Year of _____

MD MD/PhD MD/MPH PhD Only MPH Only Genetic Prep Med 5th Pathway

APPLICATION FOR FINANCIAL ASSISTANCE

This form **MUST** be completed and returned to Mount Sinai School of Medicine, Financial Aid Committee, Annenberg 5-05
THIS STATEMENT IS AN INTEGRAL PART OF THE STUDENT'S APPLICATION FOR FINANCIAL ASSISTANCE.
Please answer every question completely.

- I WILL** apply for additional aid via Need Access for Mount Sinai Medical School Scholarships and institutional loans. **Fill out all four pages.**
- I WILL NOT** apply for additional aid via Need Access for Mount Sinai Medical School Scholarships and Institutional Loans. **Fill out front and back pages only.**
- I Will** apply for Work Study Only. **Fill out front and back pages only.**

PLEASE PRINT

Name in Full _____ SSN _____
(Last) (First) (Middle)

E-Mail Address _____ Local Phone _____ Pager _____

Local Address _____
(Street and Number) (City and State) (Zip Code)

Permanent Address _____
(Street and Number) (City and State) (Zip Code)

Are you a citizen of the United States? _____ If not, have you declared your intention to become a citizen? _____

Permanent Resident Number _____

Age _____ Are you Married _____ Number of Children _____

Is your spouse working? _____ Occupation _____ Income (gross) _____

Are you currently in default on any Federal or State Loan? _____

STOP HERE IF NOT filing Need Access. Skip to last page.

Describe why it is necessary for you to seek financial assistance from the School. Please indicate any special circumstances affecting family support.

It is the policy of the Mount Sinai School of Medicine that all decisions regarding educational and employment opportunities and performance are made on the basis of ability and qualifications without regard to race, religion, sex, color, creed, age, national origin, citizenship status, disability, veteran status, marital status, or sexual orientation, in compliance with federal, state and municipal laws.

PREPARING A MOUNT SINAI FINANCIAL AID PACKAGE

Strict rules established by Congress are adhered to in formulating a student's financial aid package. The academic yearly budget is based solely on educational and living expenses. No other expenses can legally be covered by financial aid.

A family's contribution is derived from Department of Education accepted applications, with the FAFSA being required by all schools. However, Mount Sinai uses the Need Access application for our interest free loan package and scholarship eligibility. Both applications are available on the Internet.

Per Congressional regulations, **Budget** minus **Family Contribution** equals **NEED**.

Need can be filled with loans that are interest free during school (Stafford/Perkins/Institutional) and scholarships. Mount Sinai packages each student, if eligible with \$25,000 in these loans, with any remaining "need" filled by Need Based Scholarships.

If a student receives an outside (non-Mount Sinai) scholarship, it will be used to reduce the loan package of \$25,000. It will not be replacing any MSSM scholarships.

If necessary, the student may replace all, or part, of the Family Contribution with a Stafford Unsubsidized (interest accruing) loan. In that way a student can still receive their full budget. Alternative Loans are available beyond that \$38,500 limit, when necessary, provided the borrower has good credit.

Mount Sinai will process all loans awarded. Do Not apply for a loan online.

Our recommended lender information sheets accompany your Financial Aid Award Letter.

Estimated Resources Available to meet expenses

From savings \$ _____

From external scholarships _____

From parents _____

From net income of spouse _____

From other sources
(Please specify below) _____

Total \$ _____

PARENT'S CONFIDENTIAL FINANCIAL STATEMENT

Student's Parents

Divorced
 Separated

Check if living

Father
 Mother

Stepfather
 Stepmother

Father or Guardian		Mother or Guardian	
Name	Age	Name	Age
Home Address		Home Address	
Telephone Number Home		Telephone Number Home	
Business		Business	
Employer		Employer	

Please list names of all dependents and indicate extent of financial support they are receiving during **UPCOMING** academic year. Please list applicant first.

Name	Age	List College Attending, if any	Grade Level	Scholarship Received	Estimate of total annual support from family
Applicant					

Resources for student during coming school year

Please estimate the total amount the family can pay toward the applicant's expenses for the coming school year including tuition, room, board, fees, transportation, etc.

\$ _____

I agree that I will furnish additional information if requested by Mount Sinai School of Medicine. I declare that the information reported on this form is true and complete to the best of my knowledge, and that I will notify the Financial Aid Committee of any changes that would affect the determination of need. I authorize transmittal of this form to Mount Sinai School of Medicine, which in turn has my permission to verify the information reported.

Signature of Parent or Guardian _____

Date _____

STUDENT TAX FILING STATUS

Single:

Filed 1040EZ/1040A/1040, complete copy attached, signed appropriately, with all W2s

Married:

Filed **JOINT** 1040EZ/1040A/1040, complete copy, signed appropriately, with W2s

Filed Separate 1040EZ/1040A/1040, complete copy of each, signed appropriately, with all W2s

DID NOT/WILL NOT FILE

If filing Need Access application, submit parents 1040EZ/1040A/1040, complete copy, signed appropriately with all W2s.

If you did not file a tax return, you must fill out the following:

Place(s) of employment: _____

Total Wages: _____
attach copies of all W2s

I declare that the information reported on this form is true and complete to the best of my knowledge, and that I will notify the Financial Aid Committee of any changes that would affect the determination of need. I authorize transmittal of this form to Mount Sinai School of Medicine which in turn has my permission to verify the information reported.

I certify that I will use any assistance granted me for the purpose of financing my medical education at Mount Sinai School of Medicine and agree to keep the comptroller's office informed of my address as long as part of my indebtedness to this school remains unpaid. I agree that should I terminate my education at Mount Sinai School of Medicine prior to completion of the requirements for a degree, I will forfeit any further financial aid which had been agreed to and that I will be responsible for the repayment of any loans. This is agreed to whether the decision to interrupt my educational program is made by me as a student or by the Dean, Faculty or appropriate committee of the School of Medicine.

Date _____

Signature of Student _____

Telephone Number(s) _____
