



**Icahn
School of
Medicine at
Mount
Sinai**

CONFIDENTIAL

Student Financial Services

Box 1002, Room 12-70, Annenberg Building
One Gustave L. Levy Place
New York, NY 10029-6574

Tel: (212) 241-5245
Fax: (212) 876-4658
Email: Lillian.Negron@mssm.edu

For the Academic Year of: 2015/2016

MGC/MBS FALL SPRING MPH/MCR/PhD-CR FALL SPRING 1 SPRING 2

MGC
MBS

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PhD/CLR
Clin. Res.
Pub Health
MHC DL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MD START ON PAGE 2

APPLICATION FOR FINANCIAL ASSISTANCE

This form **MUST** be completed and returned to Icahn School of Medicine at Mount Sinai, Financial Aid Committee, Annenberg 12-70
THIS STATEMENT IS AN INTEGRAL PART OF THE STUDENT'S APPLICATION FOR FINANCIAL ASSISTANCE.
This will result in a financial aid award of Stafford and Grad Plus loans.

PLEASE PRINT

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

Email Address _____ Local Phone _____ Cell Number _____

Local Address _____

Permanent Address _____

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 _____

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

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 Icahn School of Medicine at Mount Sinai 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 Icahn School of Medicine at Mount Sinai 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 Icahn School of Medicine at Mount Sinai 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 _____



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Graduating Year of: _____

For the Academic Year of: 2015/16

MD Only

APPLICATION FOR FINANCIAL ASSISTANCE

This form **MUST** be completed and returned to Icahn School of Medicine at Mount Sinai, Financial Aid Committee, Annenberg 12-70
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 Icahn School of Medicine at Mount Sinai Scholarships and institutional loans. **Fill out all four pages. Page four lists income documentation needed.**
- I WILL NOT** apply for additional aid via Need Access for Icahn School of Medicine at Mount Sinai Scholarships and Institutional Loans. **Fill out front and back pages only. No income documetation required.**
- I Will** apply for Work Study Only. **Fill out front and back pages only. Student income documentation is needed.**

PLEASE PRINT

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

Email Address _____ Local Phone _____ Cell Number _____

Local Address _____

Permanent Address _____

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 _____

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

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

It is the policy of the Icahn School of Medicine at Mount Sinai 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 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, Icahn School of Medicine 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 (Perkins/Institutional), interest accruing (Staffords/Grad Plus), and scholarships. Icahn School of Medicine packages each student, first with a loan package, with any remaining "need" filled by Need Based Scholarships.

If a student receives an outside (non-Icahn School of Medicine) scholarship, it will be used to reduce the loan package, targeting the interest accruing Stafford Loans first. It will not be replacing any ISMMS 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. Stafford maximums are \$42,722/\$47,167 (3rd year). Grad Plus Loans are available beyond that limit, when necessary, provided the borrower has good credit.

Icahn School of Medicine will process all loans awarded. Do Not apply for a loan online.

All Stafford and GradPlus loans will be processed through the Dept of Education's Direct Loans.

By accepting institutional funds, you agree to allow directory information and educational highlights to be shared with the donors/organizations that help fund your award.

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 Home		Telephone # Home	
Business:		Business	
Employer		Employer	

Please list names of all dependents and indicate extent of educational 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
<small>Applicant</small>					

I agree that I will furnish additional information if requested by Icahn School of Medicine at Mount Sinai. 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 Icahn School of Medicine at Mount Sinai, which in turn has my permission to verify the information reported.

Signature of Parent or Guardian _____

Date _____

If you are not applying for need based aid (submitting Need Access) no tax returns/transcripts or W2s are required.

STUDENT

Single:

Filed 1040EZ/1040A/1040, submit copy of tax return with all W2s, tax return **TRANSCRIPT** (request form attached).

Married:

Filed **JOINT** 1040EZ/1040A/1040, submit copy of tax return with all W2s, tax return **TRANSCRIPT** (request form attached).

Married:

Filed **SEPARATE** 1040EZ/1040A/1040, submit copies of both tax returns, with all W2s, and tax return **TRANSCRIPT** (request form attached).

DID NOT/WILL NOT FILE

PARENT

If filing Need Access application, submit parents 1040EZ/1040A/1040, tax return with all W2s, tax return **TRANSCRIPTS**.

TAX RETURN TRANSCRIPTS

After your tax return is filed, a tax return transcript is created. It may take several days. Once it is available, print it, mail/scan to our office.

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

Icahn School of Medicine at Mount Sinai Institutional Loans disclosure: 4 or 5%
Are interest free while in school (at least half time)

Homan Loan 4%
Interest free while in school, with a three year grace period before payment/interest accrual.
All remaining **ISMMS Loans are 5%**, interest free while in school, throughout residency, no payments required.

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Date _____

Signature of Student _____

Telephone Number(s) _____