

ISMMS FINANCIAL AID APPLICATION

All students applying for Federal Student Loans or ISMMS Need Based Scholarships or
Need Based Loans must complete this application.

Please scroll down and select and complete the application appropriate for your program.

Application 1 - MD Program Only

Application 2 - Graduate School Programs

Application 3 - International and D.A.C.A. Students



Icahn
School of
Medicine at
Mount
Sinai

CONFIDENTIAL

FOR MD STUDENTS

(FOR THE MASTERS PROGRAM GO TO THE NEXT FORM)

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

Graduating Year of: _____

For the Academic Year of: 2017/2018

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 CSS Profile 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 CSS Profile for Icahn School of Medicine at Mount Sinai Scholarships and Institutional Loans. **Fill out front and back pages only. No income documentation 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 _____ 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 CSS Profile. 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 CSS Profile 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 (Institutional), interest accruing (Staffords/Grad Plus), and scholarships. Icahn School of Medicine first packages each student, if eligible, with approximately \$34,000 in these loans, 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 approximate loan package of \$34,000, targetting 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. You will be instructed when to file any forms 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 2017-2018 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					

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 _____

TAX FILING STATUS

If you are not applying for need based aid (submitting CSS Profile) no tax returns or W2s are required.

STUDENT

Single:

Filed 1040EZ/1040A/1040, submit copy of 2015 tax return with all W2s

Married:

Filed **JOINT** 1040EZ/1040A/1040, submit copy of 2015 tax return with all W2s

Married:

Filed **SEPARATE** 1040EZ/1040A/1040, submit copies of both 2015 tax returns, with all W2s

DID NOT/WILL NOT FILE

PARENT

If filing CSS Profile application, submit parents 1040EZ/1040A/1040, 2015 tax return 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

Icahn School of Medicine at Mount Sinai Institutional Loans disclosure:

5%:= - Are interest free while in school (at least half time), and residency, no payments

Homan Loan 4%

Interest free while in school, with a three year grace period before payment/interest accrual.

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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 _____

Telephone Number(s) _____



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FOR PhD AND MASTERS STUDENTS

(FOR THE MD INTERNATIONAL OR DACA STUDENT GO TO THE NEXT FORM)

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For the Academic Year of: 2017/2018

CHECK PROGRAM AND SEMESTERS ATTENDING

	FALL	SPRING 1	SPRING 2
Biomedical Informatics, MS	<input type="checkbox"/>	<input type="checkbox"/>	
Biomedical Sciences, MS	<input type="checkbox"/>	<input type="checkbox"/>	
Biomedical Sciences, PhD	<input type="checkbox"/>	<input type="checkbox"/>	
Biostatistics, MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Research, Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Research, MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Research, PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic Counseling, MS	<input type="checkbox"/>	<input type="checkbox"/>	
Health Care Delivery Leadership, MS	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health, Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health, MPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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? _____

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Date _____

Signature of Student _____



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MD INTERNATIONAL OR DACA STUDENT

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Please answer every question completely.

I WILL apply via CSS Profile for Icahn School of Medicine at Mount Sinai Scholarships,
CSS Profile website: (student.collegeboard.org/profile) code 7333
Fill out all three pages. Page three lists income documentation needed.

PLEASE PRINT

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

Email Address _____ Local Phone _____

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

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

Age _____ Are you Married _____ Number of Children _____

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

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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
Applicant					

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Signature of Parent or Guardian _____

Date _____

TAX FILING STATUS

If U.S. tax returns were filed, please submit, with W2s and transcripts.

If applying for need based scholarships, family income must be reported and documented.

Please submit the appropriate income documentation. **2015 tax returns/W2s**

If income is a non U. S. income and currency is not U.S. Dollars, please convert to U.S. Dollars.

STUDENT

Single:

Filed 1040EZ/1040A/1040, submit copy of tax return with all W2s

Married:

Filed **JOINT** 1040EZ/1040A/1040, submit copy of tax return with all W2s

Married:

Filed **SEPARATE** 1040EZ/1040A/1040, submit copies of both tax returns, with all W2s

DID NOT/WILL NOT FILE A 2015 RETURN

PARENT

Please attach all parent income documentation, converted to U.S. Dollars, if needed.

If you worked in the U.S. and did not file a tax return, you must fill out the following:

Place(s) of employment: _____

Total Wages: _____
attach copies of all W2s

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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 awarded.

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 _____