2009 Application for Tuition Grant-In-Aid
___ Spring Semester  ____Fall Semester

This application for grant-in-aid should be completed (Part A by the student, Part B by the parent, and Part C by the President, Dean or appropriate Senior Vice President, Vice President or Chairman). Please return to Human Resources Benefits Office at One Gustave L. Levy Place, New York, New York 10029, or via interoffice mail to Box 1019.

Part A - To be completed by applicant (Student)

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
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</tbody>
</table>

University/College attending (name & address)

Will you be attending above-named University/College full-time? ______ Yes ______ No

Degree sought

Indicate number of grants received to date and applied toward pursuit of above-noted degree

Expected date of graduation ___________ Date of Birth _____________________

What degree(s) have you been awarded to date?

Proposed Budget: Complete this section in full.

<table>
<thead>
<tr>
<th>Estimated costs per semester:</th>
<th>Estimated resources available to meet expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees: $__________</td>
<td>From other scholarships and grants: $__________</td>
</tr>
<tr>
<td>Books: $__________</td>
<td>From academic work-study program: $__________</td>
</tr>
<tr>
<td>Cost of Living Expenses:</td>
<td>From Mt. Sinai’s Grant-in-Aid: $__________</td>
</tr>
<tr>
<td>Room and Board: $__________</td>
<td>Total</td>
</tr>
<tr>
<td>Travel: $__________</td>
<td>Total</td>
</tr>
<tr>
<td>Incidental: $__________</td>
<td></td>
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</tbody>
</table>

Applicant’s (Student) Signature __________________________ Date ____________
Part B - To be completed by eligible faculty/staff (student’s parent)

I, (last name, first name) _______________________________ from the Department of _______________________ hereby attest that (Student) _______________________________ is my child and is attending university/college as stated in Part A of this application. If approved, I understand that the total amount* of the tuition grant-in-aid will be included in my W-2 statement for the 2009 calendar year and subject to reporting to the Internal Revenue Service as additional income.

As evidence of my child’s enrollment for the 2009 semester (as stated above) I am providing one of the following:

___ Registrar’s Statement on letterhead confirming full-time enrollment with Bursar’s receipt

___ Registration Form

___ Transcript for semester as indicated above

Parent’s Signature _______________________________ Date ____________

MSMC Office Location: _______________________________ Box ____________

MSMC Extension: _______________________________ Fax ____________

Home Tel. No. ____________

*The grant award will be taxed at a flat rate of 25% Federal, 7.65% FICA (Social Security & Medicare taxes), 7.355% State, and 4.0% (0.50% non-residents) for New York City residents.

Part C - To be completed by the President, Dean or appropriate Senior Vice President, Vice President or Chairman

This faculty/senior executive staff member is expected to remain a full-time salaried employee at Mount Sinai through the end of the academic year covered by this grant application.

_________________________ Date ____________

President, Dean, Senior Vice President, Vice President or Chairman

Part D -- To be completed by the Human Resources Department

Maximum grant eligibility $_________ Number of remaining grants available _______
Number of grants received in prior years ___ Unlimited _____

Faculty/Staff Salary Sources and Cost Centers

% = Cost Center

% = Cost Center

% = Cost Center

% = Cost Center

% = Cost Center

Total 100 %

The Senior Vice President of Human Resources holds Signatory Authority for the Grant-In-Aid Program.