



**2018-19 ISMMS INSTITUTIONAL APPLICATION FOR FINANCIAL ASSISTANCE**  
**GRADUATE STUDENTS ONLY**

This form **MUST** be completed and returned to Student Financial Services. Students will not be eligible to receive financial aid unless **ALL** sections of this form are completed.

**SECTION I: DEMOGRAPHIC DATA**

**Please complete the following:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Email address \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Local/Permanent Address: \_\_\_\_\_ Apt # \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ If not in the United States, Country \_\_\_\_\_

**SECTION II: STUDENT DATA**

**What is your current graduate program? Please check one:**

- Biomedical Informatics, MS
- Biomedical Sciences, MS
- Biomedical Sciences, PhD
- Biostatistics, MS
- Clinical Research, Certificate
- Clinical Research, MS
- Clinical Research, PhD
- Genetic Counseling, MS
- Health Care Delivery Leadership, MS
- Public Health, MPH
- Public Health, Certificate

**When do you plan to graduate? Graduating Year/Class of:** \_\_\_\_\_

**Please check statement below:**

- I **would like to be considered** for federal financial aid (federal loans and federal work-study). I have completed the following:
  - Federal Aid Application (FAFSA) – **Domestic students only**

**Are you an incoming or returning student?**

- Incoming
- Returning

**What will your year in school be in 2018-19?**

- 1<sup>st</sup>

- 2<sup>nd</sup>
- 3<sup>rd</sup>
- 4<sup>th</sup>
- 5<sup>th</sup> or more

**SECTION III: CITIZENSHIP AND MARITAL STATUS**

**Are you a United States Citizen, Permanent Resident, or DACA recipient?**

- Yes, I am a US citizen
- Yes, I am a US permanent resident
- Yes, I am considered DACA recipient
- No, I am not a US citizen. Please provide home country \_\_\_\_\_

**What is your marital status?**

- Single
- Married, Date of marriage (Month/Year)? \_\_\_\_\_/\_\_\_\_\_
- Domestic Partnership

**Do you have children or dependents other than children?**

- Yes. How many children/dependents do you have? \_\_\_\_\_
- No

**SECTION IV: EDUCATIONAL FINANCIAL AID DATA**

This section **must be completed** to get an idea of how much loan debt has been accumulated thus far.

Federal Loan Debt can be found at the National Student Loan Database at [www.nslds.ed.gov](http://www.nslds.ed.gov)

All other loans can be estimated or you can contact your private loan lenders for this information.

- 1) **Total Federal Loan Debt** \$ \_\_\_\_\_
- 2) **Total Private and/or Institutional Loan Debt** \$ \_\_\_\_\_

**Are you expecting to receive outside sources of aid (i.e. outside scholarship/s, research funding, work-study, Veteran Benefits)?**

- Yes
- No

**If you answered yes above, please specify (i.e. gift from parents, loan from parents, outside scholarship name, etc.):**

Resource Name \_\_\_\_\_

Estimated Amount \_\_\_\_\_

**SECTION V: FINANCIAL AID COMMENTS**

**If there are any extenuating circumstances which should be considered? Please use this space to explain:**



**SECTION VI: CERTIFICATION OF INFORMATION**

Statement of Understanding All students are required to complete this certification.

- I understand that it is my responsibility to provide Student Financial Services with information as requested.
- I understand Student Financial Services has the right to withhold financial aid altogether if these forms and other requested information are not submitted by the established due date for the academic year.
- I understand that if I purposely give false information in the aid application process and receive aid from federal and university approved programs, I may be subjected to a fine, imprisoned, or both.
- I understand that if I receive funds from other sources, such as scholarship from outside agencies, work during the academic year and/or research, I am required to report this to the financial aid office and my financial aid award may be adjusted.

I certify that I have read all the information regarding my rights and responsibilities.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information Release Permission All students are required to complete this certification.

Pursuant to Section 438(b) (1) of the Family Education Rights and Privacy Act of 1974, I hereby give consent to Icahn School of Medicine Mount Sinai for the release of information including evidence of financial need, personal data and academic data.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is the policy of 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.**

**Thank you for submitting your 2018-2019 Financial aid Application to Icahn School of Medicine at Mount Sinai. If you have questions feel free to contact us via email at [studentfinancialservices@mssm.edu](mailto:studentfinancialservices@mssm.edu) or call us at 212.241.5245.**

**Wishing you the best of luck!**

**Student Financial Services Team  
We are here to help YOU.**