



Icahn
School of
Medicine at
Mount
Sinai

Student Financial Services
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2019-20 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:

<input type="checkbox"/> Biomedical Informatics, MS	<input type="checkbox"/> Master of Health Administration (not eligible for Federal loans)
<input type="checkbox"/> Biomedical Sciences, MS	<input type="checkbox"/> Biomedical Sciences, PhD
<input type="checkbox"/> Biostatistics, MS	<input type="checkbox"/> Clinical Research, Certificate
<input type="checkbox"/> Clinical Research, MS	<input type="checkbox"/> Clinical Research, PhD
<input type="checkbox"/> Genetic Counseling, MS	<input type="checkbox"/> Health Care Delivery Leadership
<input type="checkbox"/> Public Health, Certificate	<input type="checkbox"/> Public Health, MPH

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**
- Private Loans: (<http://www.elmselect.com/#/->)

Are you an incoming or returning student?

- Incoming
- Returning

What will your year in school be in 2019-20?

- 1st
- 2nd
- 3rd
- 4th
- 5th 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

How much loan debt has been accumulated thus far? Federal Loan history can be found at the National Student Loan Database, www.nslds.ed.gov. FSA ID & password required. Private/Institutional Loans contact your 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: 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 if all information is not submitted by stated due date.
- I understand that if I receive funds from other sources, such as a 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: _____

Thank you for submitting your 2019-2020 Financial aid Application to the Icahn School of Medicine at Mount Sinai. If you have questions, feel free to contact us via email at studentfinancialservices@mssm.edu or call us at 212.241.5245.

Student Financial Services Team