

## 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 ☐ 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**

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](http://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](mailto:studentfinancialservices@mssm.edu) or call us at 212.241.5245.

Student Financial Services Team