



One Gustave L. Levy Place  
Annenberg Building-Room 12-70, Box 1002  
New York, NY 10029-6574  
Phone: (212) 241-5245  
Facsimile: (212) 876-4658  
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## 2019-2020 Reconsideration of Financial Aid Request

Deadline to submit a request is **July 1st**, for the 2019-2020 academic year.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Life Number: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### INCOME UPDATE

Awards for the 2019-2020 academic year are based on 2017 income. If your family's 2018 income is significantly lower please indicate the reason and income amounts for all sources of income. **All 2018 financial documents must be submitted with request.**

PARENT'S SOURCE OF INCOME FOR 2018	AMOUNT
WAGES, Mother (if you worked in 2018, you must attach your W-2 form(s))	\$
WAGES, Father (if you worked in 2018, you must attach your W-2 form(s))	\$
Interest Income	\$
Dividend Income	\$
Tax Refunds	\$
Unemployment Benefits/ Workers Compensation	\$
Severance Pay, Compensation for Unused Benefits (vacation time, sick time, ect.)	\$
Social Security Benefits (total received for parents and their dependent children)	\$
Pension/ Annuity Income	\$
Alimony	\$
Housing, food, and other living allowances (military, clergy, cash from friends and family)	\$
Rental Income	\$
Business/ Farm/ Self-Employment Income	\$
Current Business/ Farm Value	\$
Current Business/ Farm Debt	\$



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STUDENT'S SOURCE OF INCOME FOR 2018	AMOUNT
WAGES (if you worked in 2018, you must attach your W-2 form(s))	\$
Interest Income	\$
Dividend Income	\$
Tax Refunds	\$
Unemployment Benefits/ Workers Compensation	\$
Severance Pay, Compensation for Unused Benefits (vacation time, sick time, ect.)	\$
Social Security Benefits (total received for parents and their dependent children)	\$
Pension/ Annuity Income	\$
Alimony	\$
Housing, food, and other living allowances (military, clergy, cash from friends and family)	\$
Rental Income	\$
Business/ Farm/ Self-Employment Income	\$
Current Business/ Farm Value	\$
Current Business/ Farm Debt	\$

### FAMILY ASSETS UPDATE

If there are significant differences in the asset figures you provided on the *CSS Profile Application* and the net current value, complete the following section and provide an explanation for the change. If this section does not apply to your situation, skip to **Changes in Family Size or Siblings Educational Expenses**.

PARENTS' OTHER FAMILY ASSETS	AMOUNT
Cash, Savings, and Checking	\$
Home	\$
Investment 1.	\$
Investment 2.	\$
Investment 3.	\$
Real Estate 1.	\$
Real Estate 2.	\$
Other Family Asset 1.	\$
Other Family Asset 2	\$
Other Family Asset 3	\$



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STUDENT'S OTHER FAMILY ASSETS	AMOUNT
Cash, Savings, and Checking	\$
Home	\$
Investment 1.	\$
Investment 2.	\$
Investment 3.	\$
Real Estate 1.	\$
Real Estate 2.	\$
Other Family Asset 1.	\$
Other Family Asset 2	\$
Other Family Asset 3	\$

#### FAMILY SIZE/ SCHOOL EXPENSES

If the number of family members dependent upon your parents for support or the number of children enrolled in college has changed since you completed the *CSS Profile Application* explain in **OTHER**.  
If applicable, you should indicate the name and age of each family member, the college each family member will be attending, and your parents' contribution towards each family member educational cost.

NAME OF CHILD	AGE	COLLEGE	PARENT CONTRIBUTION

#### OTHER

Use the following space to present any other factors that you think should be considered as part of your request.  
If you need additional space, attach a separate page.

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## CERTIFICATION

I certify that all of the information on this form is true and complete as of this date. I/ we understand that Icahn School of Medicine Financial Aid Office may request additional documentation in support of any information provided on this form.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Student Financial Services Financial Aid Committee will review your request and notify you of its decision within 10-15 business days.