Icahn School of Medicine at Mount Sinai

Student Financial Services
1 Gustave L. Levy Place ● Annenberg Rm 12-70, Bx 1002 ● NYC 10029-6574
Phone: (212) 241-5245 ● Facsimile: (212) 876-4658 ● Email: studentfinancialservices@mssm.edu

This form MUST be completed and returned to Student Financial Services. To consider this form ALL sections must be completed.

SECITION I: STUDENT DATA:

Student Name: _____ Empower ID: _____

Class of: 20 ____ Year in Program: _____

Degree: ___ PhD ____ Master's_____

SECTION II: FUNDING OPTIONS: Check One

☐Federal Loans and/or Federal Work-Study Program. I have completed the Free Application for Federal Student Aid(FAFSA) https://studentaid.ed.gov/sa/fafsa- **Citizens and Eligible Non-Citizens students only**

☐Private Loans: (http://www.elmselect.com/#/-)

SECTION III: LOAN HISTORY

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** $_____

SECTION IV: EXTERNAL RESOURCES

Are you expecting to receive outside sources of aid (i.e. outside scholarship/s, research funding, tuition reimbursement program, 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 III: CERTIFICATION

I certify that the information is true and accurate, and I understand that I must notify the Student Financial Services if any information changes.

Signature_____ Date _____

Please return this form to the Office of Student Financial Services via email at studentfinancialservices@mssm.edu or drop the form off at our office.

SFS OFFICE USE ONLY: _____ Student Empower ID

Edited: DEC'19 LW