



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

2020-21 Financial Aid Appeal Request Form

Deadline to submit a request is **July 1st**.

STUDENT INFORMATION

Student Name: _____ Life Number: _____

INCOME UPDATE

An appeal is a formal request to re-evaluate a student's financial aid package if you/parent have experienced a change in a financial situation or encountered special circumstances not already included in your application. Please complete this form with **all 2019 financial & supporting documents**.

PARENT'S SOURCE OF INCOME FOR 2019	AMOUNT
WAGES, Parent 1 (if you worked in 2019, you must attach your W-2 form(s))	\$
WAGES, Parent 2 (if you worked in 2019, 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, etc.)	\$
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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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 explain the change. If this section does not apply, 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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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, 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.



Icahn School
of Medicine at
Mount
Sinai

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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 _____

Parent Signature: _____ Date _____

Spouse Signature: _____ Date _____

The Student Financial Services Financial Aid Committee will review your request and notify you of its decision within 5-7 business days.