



**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

## 2021-22 Financial Aid Appeal Request Form

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

**STUDENT INFORMATION**

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

An appeal is a formal request to re-evaluate a student's financial aid package; if you/parent(s) have experienced a change in a financial situation or encountered special circumstances not already included in your application. If your family's 2019 income is not representative of your current financial situation, you must provide supplemental information about 2020.

**Check the appropriate box below to indicate the reason for your request for reconsideration**

Check	Circumstance	Required Documents
<input type="checkbox"/>	Income in calendar year 2020 will be less than the 2019 income reported on the FAFSA and CSS Profile	2020 Federal tax documents (tax return, w-2, 1099, ect.)
<input type="checkbox"/>	Income in calendar year 2020 will be less than the 2019 income reported on the FAFSA and CSS Profile due to COVID-1	Copy of last pay stub from employer. Termination notice (from within last 12 weeks) Severance statement and/or Unemployment Benefits statement (if applicable)
<input type="checkbox"/>	Death or disability of a parent	List date of death, estate debts, funeral expenses, and life insurance details (attach related documentation)
<input type="checkbox"/>	Other: Please submit in writing a description of any factors you would like the committee to consider in the determination of the amount of assistance offered to the student	Explain circumstances and financial impact in Other section. Attach relevant documentation

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#### INCOME UPDATE

Source	Student	Student's spouse or domestic partner	Parent 1	Parent 2
WAGES	\$	\$	\$	\$
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	\$	\$	\$	\$

#### 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**.

Source	Student	Student's spouse or domestic partner	Parent 1	Parent 2
Cash, Saving, 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.

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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 \_\_\_\_\_

Student's Spouse/Partner Signature: \_\_\_\_\_ Date \_\_\_\_\_

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