

EINSTEIN FINANCIAL AID QUESTIONNAIRE (INCOMING STUDENTS)

2023-2024

2023-2024 Year in School

☐ MD ☐ MStP/Ph.D. ☐ Masters

Expected year of graduation _____

Office of Student Finance
1300 Morris Park Avenue
Van Etten Building, Rm 230
Bronx, NY 10461
P: 718.862.1810
Fax: 718.862.1814
Email: stufin@einsteinmed.edu

I am applying for (check one):

☐ EINSTEIN GRANTS & EINSTEIN/ LOANS/FEDERAL

If you checked **Grants & Loans**, you must submit the following forms by the deadlines below to the Office of Student Finance to get packaged for financial aid.

Suggested deadline for the following items: May 1, 2023**

***if accepted after deadline awards will be on a rolling basis

Check List:

- ☐ Einstein Financial Aid Questionnaire to OSF
- ☐ FAFSA <https://studentaid.gov/h/apply-for-aid/afsa>
- ☐ 2022 (Federal or International) Tax Returns for Student/Spouse & parents to OSF.

Complete by:

May 1

May 1

May 1

☐ FEDERAL LOANS ONLY

If you checked **Federal Loans Only**, you must submit the following items to the Office of Student Finance (OSF) or the federal processor as soon as possible. US citizens or permanent residents **must** complete the **2023-2024** FAFSA form. Our Federal School Code is **042797**.

Suggested deadline for the following items: **May 1, 2023**

Check List:

- ☐ Einstein Financial Aid Questionnaire to OSF
- ☐ FAFSA <https://studentaid.gov/h/apply-for-aid/afsa>

PERSONAL INFORMATION: (Please print clearly)

Name: _____ Banner ID (no SS#) _____
Last Name First Name Middle Initial

Permanent Address:

(Also used as address for Federal Loans)

Number Street Apartment Number
City State Country Zip Code
() ()
Home Phone Number Work Phone Number

Mailing Address:

(If different)

Number Street Apartment Number
City State Country Zip Code
() ()
Home Phone Number Work Phone Number

From:

_____/_____/_____
To: _____

_____/_____/_____
Home Phone Number Work Phone Number

Primary E-mail Address: _____ Secondary E-mail Address: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female Country of Citizenship: _____ If not a US Citizen, Visa Type: _____

MARITAL DATA:

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Actual/Anticipated Date of Marriage: ____/____/____

Name of Spouse

Or Prospective Spouse: _____

2023-2024, spouse will be: ☐ Student ☐ Employed

No. of Children: _____ Name(s) & Age(s) of Child (ren): _____

OTHER SOURCES OF FINANCIAL AID

If you expect to receive funding from sources other than Einstein for the 2023-24 academic year, please list below (include government grants, outside scholarships, employer-paid tuition benefits, prizes, awards etc.):

Contribution from parents including non-custodial parents

Loans from parents

Spouse's annual income

Veteran's Benefits (Amount/Month \$ _____)

Federal/State Aid to Support a Disability [Source(s) _____]

Other contributions or receipts (i.e. Trust, income from investments (crypto,NFTs):

Source: _____

Source: _____

Source: _____

Source: _____

2023-2024 Amount per Academic Year	
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

HOUSING ARRANGEMENTS:

Estimated amount per month as your share of rent, gas, & electricity? \$ _____
(Entering 1st year students – Provide best estimate)

Will you be living in home of parent _____ or other relative _____ during the 2023-24 academic year?
Yes/No Yes/No

If this is your first time applying for a grant or loan at Einstein, please complete this page.

UNDERGRADUATE AND GRADUATE DEBT:

List all post-secondary schools you have attended and give your best estimate of the aid you received.

UNDERGRADUATE

Institution	Location	Dates of Attendance	Degree, If any		Grants
				Freshman	\$
				Sophomore	\$
				Junior	\$
				Senior	\$
				TOTAL	\$

GRADUATE:

Institution	Location	Dates of Attendance	Degree, If any		Grants
				Freshman	\$
				Sophomore	\$
				Junior	\$
				Senior	\$
				TOTAL	\$

EDUCATIONAL DEBT: Only list loans that you borrowed in your name. Do not include loans borrowed by others for your education (e.g., parents) even if you are or will be repaying these loans.	Total Principle amount outstanding
Federal Perkins Loans(formerly NDSL):	\$
Federal Stafford Loans (Subsidized & Unsubsidized):	\$
Other Educational Loans: Grad Plus Loans	\$
Private loans:	
Total Education Indebtedness:	\$

OTHER DEBT:

Lender and explain the purpose (i.e. credit card, auto loan, any other that is not listed above.	
1.	\$
2.	\$
3.	\$
4.	\$
Total other debt:	

FOR ALL GRANT APPLICANTS:

Has there been any significant change in your financial situation or that of your family in the last year (e.g., a promotion, retirement, illness, loss of work, change in your marital status, the birth of a child, spouse changing student or working status)? Is there anything else you would like to disclose that may affect your eligibility for need based grant aid?

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I certify that the information provided on this application and all other financial aid forms is true, correct, and complete to the best of my knowledge. This information is being provided to support my request for grant and loan funds. I understand that any change of more than \$300 in my estimates of either obligations or resources for the coming academic year must be promptly reported.

If I am applying for a need-based grant or scholarship, I agree to provide complete copies of last year's signed federal/international income tax returns (with W-2's, schedules and attachments) for all persons included on the need analysis forms and non-custodial parents if applicable. I understand that in order to receive any grants or loans, I must be matriculated and making satisfactory academic progress.

I understand that the submission of false or misleading information on any financial aid forms can result in the cancellation of all institutional aid and may subject me to disciplinary action in accordance with Einstein's procedures for student discipline.

I also understand that if I am the recipient of a trust I am required to disclose this information as part of the financial aid application process. I understand that failure to disclose this information may result in the cancellation of my financial aid and may subject me to disciplinary action in accordance with the school's procedures for student discipline. I agree to provide any additional documentation and information required by the school to verify my trust status.

Furthermore, I understand that Federal law requires that Einstein's Office of Student Finance (OSF) obtains my voluntary consent to participate in electronic transactions for all financial information provided or made available to student loan borrowers and for all notices and authorizations to Federal Student Aid recipients required under 34 CFR 668.165. By giving my consent, OSF will be able to electronically communicate important financial aid information directly to me, which may include notices, disclosures, award letters, and directions to secure websites. I understand that I am entitled to a paper copy of any information electronically communicated by OSF, and that I can request one by contacting OSF via email: stufin@einsteinmed.edu or phone: 718.862.1810.

Type Name Here

Date

If for any reason you are unable to sign the certification statement above, please attach a letter of explanation.