

EINSTEIN FINANCIAL AID QUESTIONNAIRE (CONTINUING STUDENTS)

2022-2023

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

2022-2023 Year in School

MD MSTP/Ph.D. Masters Research

Expected year of graduation _____

Please note that you must submit the following forms by the deadlines below to the Office of Student Finance (OSF) and make sure to complete your FAFSA application. Our Federal School Code is **042797**.

SCHOLARSHIPS, GRANTS, FEDERAL & EINSTEIN LOANS

Check List:

- Einstein Financial Aid Questionnaire to OSF
- FAFSA <https://studentaid.gov/h/apply-for-aid/afsa>
- Please check this box if you will not be applying for federal loans for 2022-2023

Complete by:

May 2

May 2

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

From:

_____/_____/____

City State Country Zip Code

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: _____

in 2022-23 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 2022-23 academic year, please list below (include government grants, outside scholarships, employer-paid tuition benefits, prizes, etc.):

Contribution from 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:

Source: _____

Source: _____

Source: _____

Source: _____

2022-2023 Amount per Academic Year	
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

HOUSING ARRANGEMENTS:

Estimated amount per month as your share of rent, gas, & electricity? \$ _____

Will you be living in home of parent _____ or other relative _____ during the 2022-23 academic year?
Yes/No Yes/No

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)? Will you have significant expenses for these or other reasons?

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

Federal law requires that Einstein's Office of Student Finance (OSF) obtain a student's 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. This consent will allow OSF to electronically communicate important financial aid information directly to you, which may include notices, disclosures, award letters, and directions to secure websites. Upon request, students are entitled to a paper copy of any of the information electronically communicated by OSF. To request a paper copy, or if you have any questions, please contact 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.