

# EINSTEIN FINANCIAL AID QUESTIONNAIRE (INCOMING STUDENTS)

## 2022-2023

### 2022-2023 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):

<p><input type="checkbox"/> <b>EINSTEIN GRANTS &amp; EINSTEIN/ LOANS/FEDERAL</b> If you checked <b>Grants &amp; Loans</b>, you must submit the following forms by the deadlines below to the Office of Student Finance to get packaged for financial aid.</p> <p>Suggested deadline for the following items: <b>March 25, 2022</b></p> <p><b>Check List:</b></p> <table><tr><td><input type="checkbox"/> Einstein Financial Aid Questionnaire to OSF</td><td><b>Complete by:</b> <b>March 25</b></td></tr><tr><td><input type="checkbox"/> FAFSA <a href="https://studentaid.gov/h/apply-for-aid/fafsa">https://studentaid.gov/h/apply-for-aid/fafsa</a></td><td><b>March 25</b></td></tr><tr><td><input type="checkbox"/> 2021 Tax Returns for Student, Spouse &amp; parents to OSF.</td><td><b>March 25</b></td></tr></table>	<input type="checkbox"/> Einstein Financial Aid Questionnaire to OSF	<b>Complete by:</b> <b>March 25</b>	<input type="checkbox"/> FAFSA <a href="https://studentaid.gov/h/apply-for-aid/fafsa">https://studentaid.gov/h/apply-for-aid/fafsa</a>	<b>March 25</b>	<input type="checkbox"/> 2021 Tax Returns for Student, Spouse & parents to OSF.	<b>March 25</b>	<p><input type="checkbox"/> <b>FEDERAL LOANS ONLY</b> If you checked <b>Federal Loans Only</b>, 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 <b>must</b> complete the <b>2022-2023</b> FAFSA form. Our Federal School Code is <b>042797</b>.</p> <p>Suggested deadline for the following items: <b>March 25, 2022</b></p> <p><b>Check List:</b></p> <table><tr><td><input type="checkbox"/> Einstein Financial Aid Questionnaire to OSF</td></tr><tr><td><input type="checkbox"/> FAFSA <a href="https://studentaid.gov/h/apply-for-aid/fafsa">https://studentaid.gov/h/apply-for-aid/fafsa</a></td></tr></table>	<input type="checkbox"/> Einstein Financial Aid Questionnaire to OSF	<input type="checkbox"/> FAFSA <a href="https://studentaid.gov/h/apply-for-aid/fafsa">https://studentaid.gov/h/apply-for-aid/fafsa</a>
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### 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: \_\_\_\_\_  
City State Country Zip Code  
( ) ( )  
Home Phone Number Work Phone Number

Primary E-mail Address: \_\_\_\_\_ Secondary E-mail Address: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ If not a US Citizen, Visa Type: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

### MARITAL DATA:

Status:  Single  Married  Separated  Divorced

Actual/Anticipated Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Spouse  
Or Prospective Spouse: \_\_\_\_\_

2022-2023, 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? \$ \_\_\_\_\_  
 (Entering 1<sup>st</sup> year students – Provide best estimate)

Will you be living in home of parent \_\_\_\_\_ or other relative \_\_\_\_\_ during the 2022-23 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	\$
				<b>TOTAL</b>	\$

**GRADUATE:**

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

<b>EDUCATIONAL DEBT:</b> 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.	<b>Total Principle amount outstanding</b>
Federal Perkins Loans(formerly NDSL):	\$
Federal Stafford Loans (Subsidized & Unsubsidized):	\$
Other Educational Loans: Grad Plus Loans	\$
Private loans:	
<b>Total Education Indebtedness:</b>	\$

**OTHER DEBT:**

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

**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:**

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 and that it is provided to support a request for grant and loan funds. I further certify that I shall promptly amend the preceding application if a change of more than \$300 occurs in the estimates of either obligations or resources for the coming academic year. If I am applying for a need-based grant, I agree to provide complete copies of last year's signed federal income tax returns (with W-2's, schedules and attachments) for all persons included on the need analysis forms. I understand that to receive any grants or loans, I must be matriculated and must be making satisfactory academic progress. I further 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 to Einstein's procedures for student discipline.

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](mailto:stufin@einsteinmed.edu) or phone: 718.862.1810.

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Type Name Here

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Date

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