

# Montefiore | School of Nursing

## FINANCIAL AID QUESTIONNAIRE

2022-2023

Montefiore | School of Nursing  
Office of Financial Aid  
53 Valentine Street  
Mount Vernon, New York 10550  
Office: (914) 361-6081  
Fax: (914) 664-8106  
Email: [msonstufin@montefiore.org](mailto:msonstufin@montefiore.org)

### 2022-2023 Year in School

- Nursing 1  
 Nursing 2  
 Nursing 3  
 Nursing 4

Expected year of graduation \_\_\_\_\_

### FINANCIAL AID APPLICATION TIMELINE

Below is the timetable for applying for financial aid for 2022-2023. You must meet these deadlines to guarantee receipt of funds when you start in the fall.

#### Check List:

- MSON Financial Aid FAQ to the financial aid office

#### Complete by:

June 1

- APPLY FOR FAFSA

[www.studentaid.gov/h/apply-for-aid](http://www.studentaid.gov/h/apply-for-aid)

June 1

- APPLY FOR TAP

[www.hesc.ny.gov](http://www.hesc.ny.gov)

June 1

### 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: \_\_\_\_\_

2022-2023, spouse will be:  Student  Employer

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	
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

**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.

\_\_\_\_\_  
 Type Name Here

\_\_\_\_\_  
 Date

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