EINSTEIN
FINANCIAL AID QUESTIONNAIRE
(CONTINUING STUDENTS)

2020-2021
2020-2021 Year in School
☐ MD  ☐MSTP/Ph.D.  ☐ Masters  ☐ Research

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.org

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.

LOANS, SCHOLARSHIPS, AND GRANTS

Check List: Complete by:
☐ Einstein Financial Aid Questionnaire to OSF May 1
☐ FAFSA www.fafsa.ed.gov May 1
☐ Please check this box if you will not be applying for federal loans for 2020-2021

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
(____)__________________________ (____)__________________________
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 2020-21, 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 2020-21 academic year, please list below (include government grants, outside scholarships, employer-paid tuition benefits, prizes, etc.):

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount per Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution from parents</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Loans from parents</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Spouse’s annual income</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Veteran’s Benefits (Amount/Month $ ____________________)</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Federal/State Aid to Support a Disability [Source(s) ________________]</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Other contributions or receipts:</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Source: ______________________________________</td>
<td>$ ____________________</td>
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<tr>
<td>Source: ______________________________________</td>
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<td>Source: ______________________________________</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Source: ______________________________________</td>
<td>$ ____________________</td>
</tr>
</tbody>
</table>

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 2020-21 academic year.

Yes/No

EINSTEIN/MONTEFIORE FACULTY TUITION REMISSION BENEFITS OR ENSTEIN STAFF EDUCATIONAL BENEFITS:

If you are the spouse or child of 1.) An Einstein/Montefiore faculty member 2.) An Einstein/Montefiore/Yeshiva University employee, you may be eligible to receive tuition benefits.

Are you eligible to receive Faculty Tuition Remission benefits from Einstein/Montefiore? □ Yes □ No

Are you eligible to receive Staff Educational benefits from Einstein/Montefiore? □ 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.org 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.