

EINSTEIN FINANCIAL AID QUESTIONNAIRE (INCOMING STUDENTS)

2021-2022

2021-2022 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.org

I am applying for (check one):

EINSTEIN GRANTS & EINSTEIN LOANS

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: **March 27, 2021**

Check List:

- Einstein Financial Aid Questionnaire to OSF
- FAFSA www.fafsa.ed.gov
- 2020 Tax Returns for Student, Spouse & parents to OSF.

Complete by:

March 27

March 27

March 27

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 **2021-2022** FAFSA form. Our Federal School Code is 042797.

Suggested deadline for the following items: **March 27, 2021**

Check List:

- Einstein Financial Aid Questionnaire to OSF
- FAFSA www.fafsa.ed.gov

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 _____ 2021-2022, spouse will be: Student Employed

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

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)? 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.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.