



HOFSTRA NORTH SHORE-LIJ
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY

Institutional Aid Application: 2011-2012

Hofstra North Shore-LIJ School of Medicine
Office of Financial Aid
500 Hofstra University
Hempstead, NY 11549-5000
email: medicine.finaid@hofstra.edu
phone: 516.463.7523
fax: 516.463.7543

Students that are interested in applying for need-based scholarship and loan programs offered through the Hofstra North Shore-LIJ School of Medicine should fill out this application. Please do not leave any questions blank – an entry of “0” or “NA” is acceptable. In order to be considered, please ensure that you have done the following:

- Filed the Free Application for Federal Student Aid (FAFSA – both student **and** parent sections)
- Mailed the Student Aid Report (SAR)
- Mailed the following:
 - Signed copies of the **student’s** (and spouse if applicable) **and parents’** 2010 Federal tax returns
 - Copies of the **student’s** (and spouse if applicable) **and parents’** W-2s
- Completed the Institutional Aid Application (this application)

The deadline for application is **April 1, 2011**. Financial aid packages will not be offered until all documents listed above have been completed and received by the Office of Financial Aid. Please contact our office should you have questions regarding this application. Submit all materials to the address listed above.

Section I: STUDENT INFORMATION

Year in school: MSI MSII MSIII MSIV

MD Applicant MD/PhD Applicant

Personal Information:

Male Female

Name: _____ SSN _____ - _____ - _____
Last First Middle

Date of Birth: ____ / ____ / ____ Place of Birth: _____
mm dd yyyy Town or City State

Email Address: _____ AAMC ID: _____

Permanent Address: _____
Number and Street Town or City

_____ _____
State Zip Code Phone Number

Mailing/ Temporary Address: (if different from above)

_____ _____
Number and Street Town or City

_____ _____
State Zip Code Phone Number

From: ____ / ____ / ____ to: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Marital Status:

Single Married Separated Divorced

Do you plan on getting married during the 2011-2012 academic year? Yes No

If yes, please provide the date of marriage: ____ / ____ / ____
mm dd yyyy

Do you have any dependents? Yes No If yes, how many? ____

Total monthly cost for child care? \$ _____

2010 Federal Tax Filing Information (student):

- I have filed my (our) taxes for 2010. Signed copies are enclosed.
- I have NOT filed my (our) taxes for 2010 but anticipate filing on: ____ / ____ / ____
mm dd yyyy
- I (we) will not file taxes for 2010

Where will you be living while attending school? (select one)

- On campus
- Off campus Estimated or actual monthly rent and utilities: \$ _____
- Off campus w/parents
- Other (specify) _____



Section III: STUDENT EXPENSES / DEBT

Auto

Own Lease I do not own / lease a vehicle

Year: _____ Make: _____ Model: _____

Total outstanding balance owed on this vehicle: \$ _____

Monthly payments: \$ _____

Home

Do you own a home? Yes No

Monthly payments: \$ _____

Total outstanding mortgage debt: \$ _____

Consumer Debt

Total current credit card debt: \$ _____ Total required monthly payments: \$ _____

Academic Debt

Will you be required to make payments on any educational loans while enrolled in medical school?

Yes No

If yes, please list monthly amount: \$ _____

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Please list all academic awards (totals) that you have received while an undergraduate / post-baccalaureate / graduate student (required of MSI students **ONLY**):

Source:

Amount:

Federal Perkins Loans:	\$
Federal Stafford Loans (subsidized):	\$
Federal Stafford Loans (unsubsidized):	\$
Other Loans (private or otherwise, please specify):	\$
Other Loans (private or otherwise, please specify):	\$
Other Loans (private or otherwise, please specify):	\$

Section III: ADDITIONAL SOURCES OF FINANCIAL AID

Please list any additional sources of financial assistance that you expect to receive that will apply to the 2011-2012 academic year. Include **all** outside contributions, scholarships, grants, gifts, etc.

Source:

Amount:

	\$
	\$
	\$
	\$
	\$
	\$

Section IV: SPECIAL CIRCUMSTANCES

If you feel that there are special circumstances that may affect the level of financial assistance that you receive during the *next academic year*, please use this space to document your concerns. As a result of the information provided, the Office of Financial Aid may require that you supply supporting documentation (attach an additional sheet if necessary):

Section V: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is accurate to the best of my knowledge; (2) I understand that any and all outside awards / grants / gifts / financial assistance obtained after signing this application are to be immediately reported to the Office of Financial Aid; (3) I agree that any financial aid offered through the Hofstra North Shore-LIJ School of Medicine is to be applied **only** towards educational expenses; (4) I understand that the information provided on this application applies only towards the 2011-2012 academic year and that in order to qualify for institutional aid in the future, I must apply each year that I am enrolled as a student.

Student's Signature

Date

This application is not valid unless signed and dated by the student.