

Request for Additional Funds



HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™

Hofstra Northwell School of Medicine
Office of Student Finance
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Students requesting additional funding to replace all or part of the expected student contribution or students who wish to appeal their financial aid award offer should fill out this form. Note: Concerns regarding financial aid awards should first be discussed with the Office of Student Finance. If the student still wishes to file an appeal, formal review will be conducted by members of the Student Finance Advisory Committee. All Committee decisions are final.

Section 1: STUDENT INFORMATION

Academic Year: _____

Year in school: MS1 MS2 MS3 MS4

Student Name: _____ 700 #: _____

Section 2: REASON for REQUEST

- I am requesting \$_____ in additional loans to replace all or part of my estimated student contribution.
- I wish to appeal my financial aid award and ask that it be re-evaluated based on additional information or information that has changed since my initial application (provide detail below).

The reason for my request (you may attach a separate sheet if necessary):

Section 3: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is true and accurate to the best of my knowledge; (2) I agree that any adjustments in my financial aid award facilitated through the Hofstra Northwell School of Medicine Office of Student Finance are to be applied **only** towards educational expenses.

Student's Signature

Date

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