
Hofstra North Shore-LIJ School of Medicine
Office of Financial Aid
500 Hofstra University
Hempstead, NY 11549-5000
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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 first complete the Need Access application. In order to qualify for institutional funds, the School requires that both biological parents provide the Office of Financial Aid with financial information. Certain situations / circumstances may prevent the acquisition of this information from the non-custodial parent. In order to be considered for a non-custodial parent information waiver, students must complete this form and provide any additional documentation that is outlined below. Certain circumstances may require additional documentation.

Section I: STUDENT INFORMATION

Name: ___________________________  First  Middle

AMCAS ID: ___________  OR  Hofstra Univ. 700 #: ___________

Section II: NON-CUSTODIAL PARENT INFORMATION

Name: ___________________________  First  Middle

Have you had contact with your non-custodial parent within the last year?  

Yes ☐  No ☐

If you answered no to the question above, when was the last time that you were in contact with him / her?

_______ yrs. ☐  I do not recall the last time I was in contact with him / her ☐

**IMPORTANT: In addition to this form, you must submit a written request detailing your situation. Please provide two (2) letters of reference that attest to your family’s situation. Letters may be written by an individual who is intimately familiar with your family’s situation but may NOT be a member of your family. Acceptable persons include counselors, clergy members, lawyers, physicians, and educators. It is important that the individual writing the letter provides adequate detail and contact information in the event that s/he must be reached by the Office of Financial Aid.**

Section III: CERTIFICATION

I hereby attest that all of the information provided on this application is true and accurate to the best of my knowledge.

__________________________________________________  ______________
Student’s Signature  Date

__________________________________________________  ______________
Custodial Parent’s Signature  Date

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