



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL®

Financial Aid Appeal Request

Zucker School of Medicine
Office of Student Finance
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Students who wish to appeal their financial aid award due to unusual circumstances or a significant change in income may submit this form and provide appropriate supporting documentation.

All requests must also include a written explanation detailing the reason for your request.

The deadline to submit an appeal request for the upcoming aid year is **August 15th**. All requests will be formally reviewed after the deadline and determinations will be made by **September 30th**, unless otherwise notified.

Appeal requests will not be considered based on circumstances that include but are not limited to:

- a parent's unwillingness to contribute or complete financial aid applications
- high consumer debt
- a sibling's private elementary or secondary school or graduate school costs
- expenses that have not yet occurred
- divorce or separation of a parent

NOTE: Prior to submitting an appeal request, any concerns regarding your financial aid award should first be discussed with the Office of Student Finance. Submitting a financial aid appeal does not guarantee an increase in your institutional aid award. Appeals are awarded based upon completed applications received and availability of funding.

Section 1: STUDENT INFORMATION

Academic Year: _____

Year in school: MS1 MS2 MS3 MS4

Student Name: _____ 700 Hofstra ID: _____

Section 2: REASON FOR REQUEST

SIGNIFICANT LOSS OF INCOME DUE TO TERMINATION OF EMPLOYMENT OR RETIREMENT

- We will only consider losses that have already occurred and cannot project lost income forward

Date of change in employment _____

SUPPORTING DOCUMENTATION:

- Copy of the last/most recent paystubs for both parents
- Termination notice or letter from employer
- Severance statement or package details
- Unemployment benefit eligibility from Dept. of Labor and recent statement of payments
- Current FAFSA including parent financial information transferred from IRS Data Retrieval Tool (if significant change in income is reflected in prior tax year)

☐ UNEXPECTED LIFE EVENT: DEATH OF A PARENT

SUPPORTING DOCUMENTATION:

- Copy of death certificate
- Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance
- Documentation of expected Social Security benefits for all family members

☐ EXCESSIVE MEDICAL EXPENSES

- Expenses must exceed 10% of your adjusted gross income (AGI) as per the IRS threshold guidelines

SUPPORTING DOCUMENTATION:

- Copy of Federal 1040 for the applicable tax year, including any applicable schedules
- Copies of insurance statements/receipts to show out of pocket costs

Section 3: WRITTEN STATEMENT

Please use the space provided below to detail the reason for your appeal request. Where applicable, please include dates of specific events and exact dollar figures. *Attach a separate sheet if necessary:*

Section 4: STUDENT CERTIFICATION

By signing below, I understand the following:

- I hereby attest that all the information provided on this form is true and accurate to the best of my knowledge
- Any outstanding balance must be paid in full by the bill due date and should not be delayed waiting on appeal request decision
- Any adjustments in my financial aid awards facilitated through the Office of Student Finance are to be applied **only** towards educational expenses
- The Office of Student Finance reserves the right to request additional supporting documentation as needed
- Any decision made by the Office of Student Finance regarding my financial aid appeal is final

Student's Signature

Date