



**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. You will automatically be considered for institutional aid (scholarship and North Shore-LIJ Health loan). **All requests must also include a written explanation detailing the reason for your request.**

OR

If you do not have a significant change in income but wish to be considered for the North Shore-LIJ Health loan only, complete **Section 3** below.

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. Appeals are awarded based upon completed applications received and availability of funding. Awards granted based on appeal are one-time awards and not renewable. An appeal must be submitted each year for reconsideration by the deadline.

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

LATE ACCEPT/LATE INSTITUTIONAL AID APPLICATION

- Renewable institutional aid no longer available at the time of application, either as an incoming student or continuing student applying for institutional aid for the first time

SUPPORTING DOCUMENTATION:

- Completed “new student” [financial aid application](#)
 - This applies to new appeals only; if you are submitting a subsequent appeal for the same reason, a new financial aid application is not required

Section 3: NORTH SHORE-LIJ HEALTH LOAN APPEAL ONLY

- You did not previously apply for institutional aid or your initial financial aid application did not demonstrate financial need, making you ineligible to be offered the North Shore LIJ Health Loan as part of your financial aid award package

OFFICIAL REQUEST:

- I would like to be considered for the North Shore-LIJ Health loan and understand that the loan must be repaid according to the terms and conditions set forth in the promissory note
- I do not wish to be considered for other institutional aid at this time

Section 4: 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 5: 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