



**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 offer due to a change in financial circumstances may submit this form along with supporting documents as outlined in the instructions below. If you do not have a significant change in financial circumstances but wish to be considered for the North Shore-LIJ Health loan only, you may also submit this form by completing Section 3.

Institutional financial aid (scholarship / North Shore-LIJ Health loan) granted based on appeal is **only** valid for the aid year in which you submitted the appeal. It is **not renewable**. An appeal must be submitted each year for reconsideration by **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 post-secondary or graduate school costs
- expenses that have not yet occurred
- divorce or separation of a parent

Submitting a financial aid appeal does not guarantee that institutional aid will be offered. Appeals are granted 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 future lost income

Date of change in employment: _____

SUPPORTING DOCUMENTATION:

- ☐ Copy of the last and most recent pay stubs
- ☐ Termination notice or letter from employer
- ☐ Severance statement or package details
- ☐ Unemployment benefit eligibility from Dept. of Labor and recent statement of payments
- ☐ FAFSA
- ☐ Institutional Financial Aid application
 - upload your parent's tax return if the significant change in income is reflected in that tax year

☐ **SIGNIFICANT LOSS OF INCOME – OTHER REASON**

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

Date of change in income: _____

SUPPORTING DOCUMENTATION:

- ☐ Copy of last pay stub and current pay stub reflecting salary reduction
- ☐ Letter or documentation from employer regarding salary reduction
- ☐ Unemployment benefit eligibility from Dept. of Labor and recent statement of payments, if applicable
- ☐ FAFSA
- ☐ Institutional Financial Aid application
 - upload your parent's tax return if the significant change in income is reflected in that 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 is 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:

- ☐ Complete a [financial aid application](#) as an *Applicant*
 - 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 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
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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.

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 to my financial aid 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