

# FERKAUF FINANCIAL AID QUESTIONNAIRE (Continuing students)

2017-2018

Program enrolled in 2017-18

Student Finance Office  
1300 Morris Park Avenue  
Van Etten Building , Room 230  
Bronx, NY 10461  
718.862.1810  
Fax: 718.862.1814

Expected year of graduation \_\_\_\_\_

I am applying for:

GRANTS & LOANS

You must submit the following items to the Student Finance Office (SFO) or to the federal processor as soon as possible. US citizens or permanent residents must complete the 2017-2018 FAFSA form [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Our Federal School Code is G09895.

**Check List:**

**Entering Students**

**Continuing Students**

Ferkauf Financial Aid Questionnaire

**March 14**

**May 2**

FAFSA Form to processor

**March 14**

**May 2**

PERSONAL INFORMATION: (Please print clearly)

Name: \_\_\_\_\_ Banner ID\SSN \_\_\_\_\_

Last Name

First Name

Middle Initial

Permanent Address:

Number

Street

Apartment Number

City

State

Country

Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone Number

Primary E-mail Address: \_\_\_\_\_ Secondary E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

Country of Citizenship: \_\_\_\_\_

If not a US Citizen Visa Type: \_\_\_\_\_

MARITAL DATA:

Status:  Single  Married  Separated  Divorced Actual/Anticipated Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Spouse: \_\_\_\_\_ In 2017-18, spouse will be:  Student  Employed

No. of Children: \_\_\_\_\_ Name(s) & Age(s) of Child(ren): \_\_\_\_\_

OTHER SOURCES OF FINANCIAL AID

If you expect to receive funding from sources other than Ferkauf for the 2017-18 academic year, please list below (include government grants, outside scholarships, employer paid tuition benefits, prizes, etc.):

	<b>2017-2018 Amount per Academic Year</b>
Contribution from parents	\$ _____
Loans from parents	\$ _____
Spouse's annual income	\$ _____
Veteran's Benefits (Amount/Month \$ _____)	\$ _____
Federal/State Aid to Support a Disability [Source(s) _____]	\$ _____
Other contributions or receipts:	
Source: _____	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____

HOUSING ARRANGEMENTS:

Estimated amount per month as your share of rent, gas, & electricity? \$ \_\_\_\_\_  
 (Entering 1<sup>st</sup> year students – Provide best estimate)

Will you be living in home of parent \_\_\_\_\_ or other relative \_\_\_\_\_ during the 2017-18 academic year?  
 Yes/No Yes/No

EINSTEIN FACULTY TUITION REMISSION BENEFITS OR YESHIVA UNIVERSITY STAFF EDUCATIONAL BENEFITS:

If you are the spouse or child of 1.) An Einstein faculty member or 2.) An Einstein/Yeshiva University employee, you may be eligible to receive tuition benefits.

Are you eligible to receive Faculty Tuition Remission benefits from Einstein?  Yes  No

Are you eligible to receive Staff Educational benefits from Einstein/Yeshiva University?  Yes  No

1) Do you have a YU teaching assistantship?  Yes  No

2) Do you have a YU scholarship or fellowship?  Yes  No

If yes, indicate amount and name of scholarship:  
Amount \$ \_\_\_\_\_ Name of Scholarship \_\_\_\_\_

3) Do you have a YU student loan?  Yes  No

4) Do you have a non-YU student loan?  Yes  No

5) Do you have a paid internship or externship?  Yes  No

If yes, indicate amount and name of agency:  
Amount \$ \_\_\_\_\_ Agency \_\_\_\_\_

6) Do you have paid employment relating to your field of study?  Yes  No

If yes, indicate amount and name of agency:  
Amount \$ \_\_\_\_\_ Agency \_\_\_\_\_

7) Do you have paid employment not relating to your field of study?  Yes  No

If yes, indicate amount and name of agency:  
Amount \$ \_\_\_\_\_ Agency \_\_\_\_\_

**Pease describe how much aid you feel you need:**

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PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

By typing my name below, I certify that the information provided on this application and on all other financial aid forms is true, correct, and complete to the best of my knowledge, and that it is provided in order to support a request for grant and/or loan funds. I further certify that I shall promptly amend the foregoing application if a change of more than \$300 occurs in the estimates of either obligations or resources for the coming academic year. I understand that in order to receive any grants or loans I must be matriculated and must be making satisfactory academic progress. I further understand that the submission of false or misleading information on any financial aid forms can result in the cancellation of all institutional aid and may subject me to disciplinary action in accordance to Einstein's procedures for student discipline.

Federal law requires that Einstein's Office of Student Finance (OSF) obtain a student's voluntary consent in order to participate in electronic transactions for all financial information provided or made available to student loan borrowers, and for all notices and authorizations to Federal Student Aid recipients required under 34 CFR 668.165. This consent will allow OSF to electronically communicate important financial aid information directly to you, which may include notices, disclosures, award letters, and directions to secure websites. Upon request, students are entitled to a paper copy of any of the information electronically communicated by OSF. To request a paper copy, or if you have any questions, please contact OSF via email: [finaid@einstein.yu.edu](mailto:finaid@einstein.yu.edu) or phone: 718.862.1810.

\_\_\_\_\_ MM/ DD/ Y Y Y Y  
First Middle Last

*If for any reason you are unable to sign the certification statement above, please attach a letter of explanation.*