2018-19
Financial Aid Appeal Application
MD Program

Weill Cornell Medicine
Student Finance & Records
Financial Aid, Student Accounting & Registrar

1300 York Avenue
Room C-114
New York, NY 10065
T: 212.746.1065
F: 212.746.5981

Student Name: _____ Student CWID: _____

Class year: ☐ YR 1 ☐ YR 2 ☐ YR 3 ☐ YR 4 ☐ YR 5

Complete this application and return to our office with the additional documentation requested, if required. The Appeal Application will not be eligible for review until all documentation is received. Under certain conditions, an "Income, Expense and Benefit Worksheet" must also accompany this request.

Parent 1 Name: Parent 1 Phone: Parent 1 E-mail:

Parent 2 Name: Parent 2 Phone: Parent 2 E-mail:

Check	Reason for Appeal	Required Documentation
☐	Significant loss of income due to termination or change in employment Please note: *changes may not be considered if income loss is not significant *you must notify the Office of Financial Aid if you become re-employed before the end of the fiscal year.	Termination or change of employment: ▪ Copy of last/most recent paystub for spouse/both parents in the household ▪ Termination notice or letter from employer ▪ Severance statement ▪ Copy of unemployment benefit eligibility from Dept. of Labor ▪ Income, Expense and Benefit Worksheet (attached) Termination or reduction to untaxed benefits, including Social Security, child support, disability: ▪ Documentation of reduction ▪ Explanation for change from granting authority
☐	Unexpected life event *Note that in a divorce situation, we will continue to consider both custodial and noncustodial parents; income and asset information.	Death of parent of other immediate family member: ▪ Documentation of medical and/or funeral expenses ▪ If decrease in income compete the Income, Expense and Benefit Worksheet (attached) ▪ Documentation of expected Social Security benefits for all family members ▪ Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance Divorce/Separation: ▪ Documentation of second household expenses ▪ Listing of child support and/or alimony expected to be paid and/or received
☐	Correction to income or asset information reported	▪ Detailed description of error or correction and all supporting documentation
☐	High medical or family expenses *expenses must pertain to most recent tax year	Medical: ▪ Documentation of medical bills paid during prior tax year. if there is an ongoing condition, please provide documentation and/or estimate of treatment costs Family: ▪ Documentation of support to relatives outside of the immediate family (cancelled checks, wore transfer records, statement from recipient indicating amount received, etc.)
☐	Other reason not listed	▪ Provide detailed description of the basis of appeal and documentation supporting your request for consideration Note: We are unable to consider appeals based on circumstances that include but are not limited to: ▪ High consumer debt ▪ Personal expenses (pets, cars, housekeepers, vacation, sports, etc.) ▪ Expenses that have not yet occurred

Student/Parent Certification

Signature required by either parent or student

I/We understand that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.

I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Student Accounting bill. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Student Accounting Office.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

I/We understand the appeal will be reviewed within 7-10 business days of receipt by the Financial Aid office and that additional processing time may be necessary in the event more information is requested. I/We understand the parent and/or student may be notified via e-mail with the outcome of the appeal decision.

SIGNATURE OF STUDENT DATE

SIGNATURE OF PARENT(S) DATE

Please return completed form with required documents to the Financial Aid Office, 1300 York Avenue, Room C-114 or email to: finaid@med.cornell.edu

Processed: