Yale SCHOOL OF MEDICINE

Financial Aid Office

Request for Review of Financial Aid Offer part 1 of 3

2024 – 2025

STUDENT / PARENT INFORMATION

Student's Name: _____ ◯ MD ◯ PA

Yale ID Number: _____ Date of Birth: _____

Student's Permanent Address: _____

Student's Email: _____ Phone: _____

Parent's Email: _____ Phone: _____

REVIEW REQUEST TIME LINE

Requests submitted **before November 1, 2024** will be considered for aid adjustment for the 2024-2025 academic year.

Request submitted **between November 1, 2024 and March 1, 2025** will be considered for aid adjustment for the spring 2024 semester only.

INCOME UPDATE

Awards for the 2024-2025 academic year are based on 2022 income. If your family's total 2023 or 2024 income will be significantly lower, complete this section. If this section does not apply, skip to **Other Family Expenses.**

Reason for reduced income: _____

_____

PROJECTED INCOME SOURCE	2023 ACTUAL	2024 PROJECTED
Wages, Parent 1 (*attach copy of most recent pay stub*)	$	$
Wages, Parent 2 (*attach copy of most recent pay stub*)	$	$
Interest Income	$	$
Dividend Income	$	$
Tax Refunds	$	$
Unemployment Benefits/Worker's Compensation	$	$
Severance Pay, Compensation for Unused Benefits (*vacation time, sick time, etc.*)	$	$
Social Security Benefits (*total received for parents and their dependent children*)	$	$
Pension/Annuity Income	$	$
Alimony	$	$
Housing, food, and other living allowances (*military, clergy, cash from friends and family*)	$	$
Rental income (*gross income less expenses other than depreciation*)	$	$

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Request for Review of Financial Aid Offer part 2 of 3

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Income Updated *continued*

SELF-EMPLOYED/BUSINESS/FARM INCOME AND ASSETS	2023 ACTUAL	2024 PROJECTED
Business/Farm/Self-Employment Income (*gross income less expenses other than depreciation*)	$	$
Current Business/Farm Value	$	$
Current Business/Farm Debt	$	$

OTHER FAMILY EXPENSES

List debts, other than credit cards, that you consider unusual. Be sure to note home equity loans and second mortgages that you did not originally report on the *CSS Profile Application*. If this section does not apply to your situation, skip to **Family Assets Update**.

NAME OF CREDITOR	DATE & PURPOSE OF LOAN	AMOUNT OUTSTANDING	AMOUNT DUE IN 2023
		$	$
		$	$
		$	$
		$	$

FAMILY SIZE/SCHOOL EXPENSES

If the number of family members dependent upon your parents for support or the number of children enrolled in private school or college has changed since you completed the *CSS Profile Application*, explain in **OTHER**. If applicable, you should indicate the name and age of each family member, the school(s) each family member will be attending, and your parents' expected contribution towards each family member's educational costs.

NAME OF CHILD	AGE	SCHOOL	PARENT CONTRIBUTION
			$
			$
			$
			$
			$

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Request for Review of Financial Aid Offer part 3 of 3

2024 – 2025

OTHER

Use the following space to present any other factors that you think should be considered as a part of your review. If you need additional space, attach a separate page.

CERTIFICATION

I certify that all of the information on this form is true and complete as of this date. I/we understand that the Yale School of Medicine Financial Aid Office may request additional documentation in support of any information provided on this form. I/we also understand that if the Yale School of Medicine Financial Aid Office uses projected 2024 information to make an adjustment to the Student's Financial Aid Award, the award will be provisional until I/we provide a copy of the 2024 federal tax returns which must be submitted by March 1, 2025. I/we also realize that the review of the 2024 tax return may result in a change in the provisional award.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

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