



**SUNY Downstate  
Financial Aid Application  
2010-2011**

State University of New York  
Downstate Medical Center  
Office of Student Financial Aid  
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Brooklyn, NY 11203-2098  
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Phone: (718) 270-2488

The information provided below is required of all applicants seeking financial support in the form of institutional grants from SUNY Downstate and/or the Scholarship for Disadvantaged Students (SDS)\*

\_\_\_\_\_  
Student Name (Last name, First name, MI)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Academic Program

\_\_\_\_\_  
Year In School

**Due to the limited amount of institutional funds and the Title VII requirements for the Scholarship for Disadvantaged Students, parental income and asset data are required.**

	<b>Student (and spouse)</b>	<b>Parent(s)</b>
2009 Income	_____	_____
Amount of Savings	_____	_____
Home Value	_____	_____
Value Of Other Assets/ Investments	_____	_____
Total Education Debt	_____	

**The following information pertains to the 2009-2010 academic year OR the student's most recent year enrolled in college.**

_____ School Attended	_____ Year Attended	_____ Cost of Tuition
_____ Amount Paid By Loans	_____ Amount Paid By Scholarship/Grant	_____ Amount Paid By Student/Parent(s)

**Additional Student Information For The 2010-2011 Academic Year**

Anticipated Financial Assistance from non financial aid sources

Amount of financial support from a non-custodial  
parent or other relative \_\_\_\_\_

Amount of scholarship or grant from any  
organization or foundation \_\_\_\_\_

Anticipated income for 2010 \_\_\_\_\_

If applicable, Spouses anticipated  
income for 2010 \_\_\_\_\_

\*Please be advised that the information you provide will be used to determine your eligibility for a Scholarship for Disadvantaged Students as well as a SUNY Downstate institutional grant. Additionally, you may be asked to verify the information provided by submitting a Verification Worksheet and the appropriate IRS tax returns.

If any of the information should change at any time, you are required to notify the SUNY Downstate Office of Financial Aid at once. Any awards received as a result of this application will be subject to revision if it is later determined that the information provided was inaccurate or false.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date