



**Yale University**  
**School of Medicine**  
<http://info.med.yale.edu/education/finaid>

Yale University School of Medicine  
 Financial Aid Office  
 367 Cedar Street  
 New Haven, CT 06510  
 Phone: (203)785-2645  
 FAX: (203) 785-2924

## REQUEST FOR FUNDS 2009/2010 ACADEMIC YEAR

**Student's Name** \_\_\_\_\_ **SSN/Yale ID** \_\_\_\_\_

**Academic Year Address** \_\_\_\_\_  
(Street) (City, Zip)

Please Check the Type of Funds you are requesting:

Type: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
**ADVANCE FUNDS: \$** \_\_\_\_\_

If you have signed and returned your financial aid award, Verification form and loan application(s); If you have not received notification from the Student Loan Office to sign promissory notes; If you have not received notification from the Bursar's Office that your loan checks are in, you can request an Advance on your Financial Aid Funds. This advance will not be for more than \$1,500 per month. (Note: If you do not have \$1,500 in loan/scholarship proceeds available, the advance will cover the amount available only.)

You must sign a form authorizing the Bursar to deduct any student charges (Advance, Tuition, etc.) from their Title IV funds. This form is attached.

I will be living on campus: Yes \_\_\_\_\_ No \_\_\_\_\_

Type: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
**SHORT TERM LOAN: \$** \_\_\_\_\_

As long as you do not owe the Bursar any money, and you need funds for an emergency for a short period of time, you may borrow up to \$350. These funds must be repaid within 60 days or a late fee of \$10 per month will be assessed. If you do not repay this loan before registration date, you will not be allowed to register.

Type: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
**ADDITIONAL FUNDING: \$** \_\_\_\_\_

If you wish to borrow from any loan to replace either your contribution or parental contribution, or you are requesting that your Financial Aid Award be re-evaluated based on additional information or information not provided with the original application. Application must be attached to this form.

Please describe the reason for your request below: (explain in detail and provide the necessary documentation). If you need more room than provided, attach a separate page.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that all financial aid funds are to be used to meet legitimate educational expenses. The information upon which need was determined is true and accurate, I agree to keep the student financial aid office informed of any changes in my resources.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_