

Request for Additional Funds

2018 – 2019

STUDENT INFORMATION

Student's Name: \_\_\_\_\_  MD  PA

Yale ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting additional funding for the following reason(s):

- I would like to request \$\_\_\_\_\_ **additional loan** to replace all or part of my student contribution.
- I would like to request \$\_\_\_\_\_ **additional loan** to replace all or part of my parent(s) contribution.
- I wish to request that my **Financial Aid Award be re-evaluated** based on additional information or information not provided with the original application. Additional information must be provided with this form.
- I have **additional expenses** that I would like to be included in my budget; i.e., medical expenses, computer purchase. I would like to request \$\_\_\_\_\_ **additional loan** for my additional expense.

Before Submitting this form you must complete the **Medloans Organizer**, <https://students-residents.aamc.org/financial-aid/>

Please describe in detail the reason for your request and provide the necessary documentation.  
*If more room is needed please supply a separate sheet.*

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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 Financial Aid Office informed of any changes in my resources. If you are requesting a Graduate Plus Loan, by signing this form, you are authorizing the U.S. Department of Education (USDE) to investigate your credit record.

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

