

Request for Additional Funds

2020 – 2021

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/>; and provide proof of submission with this form.

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

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: _____

