Yale SCHOOL OF MEDICINE

Financial Aid Office

Request for Additional Funds

2023 – 2024

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-resources/medloans-organizer-and-calculator-mloc; 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: _____

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