

**FINANCIAL AID
RESIDENCY INTERVIEW TRAVEL INCREASE REQUEST FORM**

Name: _____ Cell No.: _____ Amount Requested: \$ _____

Residency Field(s): _____

I acknowledge that this request for an increase is in lieu of my seeking a private residency/relocation loan from an outside resource. I confirm that I have not and will not request such a loan during my enrollment at Eastern Virginia Medical School. I confirm that I have not coupled match and do not anticipate to couple match before graduation.

I am requesting \$2,500. I understand that the additional loan amount will increase the total amount of my federal loan debt. I also understand that the loan will be disbursed according to federal regulatory requirements and divided equally over the terms within the academic year. If the request is submitted in the final term, the loan may be released in full at time of approval. However, all requests will be considered on a case-by-case basis within federal guidelines.

If my request is for more than \$2,500, I understand that I must attach a spreadsheet of my projected interview locations based on where I have submitted applications and the number of interviews anticipated. I have conferred as necessary with EVMS Medical Education regarding the reasonableness of my request.

I also understand that if my request for more than \$2,500 is approved, I will receive the increase in allocations of one-third. Once I have received the initial one-third of the loan, I must provide detailed receipts of the expenditures for each of the interviews traveled and a completed Residency Interview Travel Template and Mileage Log. All submitted documentation will be audited prior to the release of the remaining allocations of the loan.

Student Signature Date

Completed by EVMS Financial Aid (FA):

Aggregate Debt Originated as of Date Requested: \$ _____
Standard Monthly Payment (10-yr plan) \$ _____
Aggregate Debt included Travel Increase \$ _____
Standard Monthly Payment (10-yr plan) \$ _____ Student Initials []

Vice Dean (or designee): [] Request is reasonable
[] Reduction recommended _____
[] Request not reasonable

Vice Dean or Designee

Amount Approved: \$ _____ FA Director/Associate Dir.
Rev.: 04/01/19