



## 2022-2023 REQUEST FOR FEDERAL FUNDING FOR RESIDENCY APPLICATION EXPENSES

Name: \_\_\_\_\_ UCD ID: \_\_\_\_\_

Request Number: \_\_\_\_\_

Specialty Field(s): \_\_\_\_\_

Number of Applications: \_\_\_\_\_ ERAS Fees: \_\_\_\_\_

Match Participation Fee: \_\_\_\_\_ USMLE Transcript Fee: \_\_\_\_\_

Professional Interview Clothing: \_\_\_\_\_ (will help up to \$350)

Other Expenses: \_\_\_\_\_ (ring light, webcam up to \$100)

**TOTAL:** \_\_\_\_\_

By signing this form and attaching my receipts, I am requesting additional Federal Direct Loan funding. My signature allows the UCDH financial aid staff to adjust my current loans as needed to help fund this request.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Funds for residency application expenses will be awarded within 2 weeks of submission. If you need an advance to help cover the cost of application fees, you can submit a request for what your estimated ERAS fees are, you will be required to submit receipts showing that amount within 30 days. If the amount is less we may need to pull back some of the loan funding you were awarded, if it is more we can award you additional loan funding if wanted.