

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

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Residency Field(s): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

I acknowledge that this increase is in lieu of 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.

If my request is for more than \$2,500, I have provided with this request a spreadsheet of 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 understand if my request is approved for more than \$2,500, I will receive my increase in one-third allotments. After the initial one-third is released, I must provide detailed receipts of expenditures for interview travel and a completed FA travel voucher form. This form must be audited prior to the second release and this process repeated prior to the third and final release.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Requested

**Completed by EVMS Financial Aid:**

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/Assoc. Dir.

Revised: 3/1/17