

## SCHOOL OF MEDICINE FINANCIAL AID OFFICE

### 2019-2020 REVISION REQUEST

#### REGARDING ADDITIONAL EXPENSES

The School of Medicine Financial Aid Office and the Office of Student Financial Aid attempts to meet your total academic year educational costs, less the student (or family) contribution with available aid programs. From time to time, students incur cost(s) beyond the standard budget. If you incur expenses during the current school year that will exceed the standard budget used by our office, you may complete this request. Our office will review your request to determine whether any additional financial aid can be awarded. Please note that not all expenses are allowable in determining your eligibility for aid and additional aid offered is usually in the form of student loans. Be sure to respond to all appropriate questions. **We are not able to accept blank as an answer. If the answer is zero or does not apply, please indicate this by entering either "0" or N/A.** Incomplete forms will be returned to you for clarification. Be sure that the expense and the necessity for the expense are adequately documented. Please see guidelines below.

#### **A. STUDENT MEDICAL and/or DENTAL EXPENSES:**

We only can consider costs that were not covered by insurance, are non-elective procedures, and are medically necessary during the current academic year. Attach billing statements from the providers and/or insurance summaries that include the following information: the patient's name, the name of the primary insurance holder, the care provider's information, gross charges, amount(s) paid by insurance (if any), and the date(s) of treatment. If consideration is desired for elective care, a statement of special circumstances is required. Cost of insurance may be added for the student only.

#### **B. COMPUTER:**

Loan funds may be awarded to cover the cost of the purchase of a computer (laptop) and a PDA (smartphone, iPad or tablet), as they are required by the School of Medicine. Financial aid funds for a laptop purchase can only be approved once during your academic career at the UW. Subsequent purchases will not be approved. The laptop you buy may become obsolete within a few years. You may want to delay your purchase as long as possible to avoid expensive upgrade or replacement costs. The maximum amount allowed for a laptop and pda (smartphone, iPad, or tablet) is \$3,000. Printers, software, extended warranties and accessories may also be included in that limit. You may submit revisions for computer repairs/ necessary upgrades as defined under the University's published recommendations for an adequate system. The University discusses computer hardware recommendations on the web page at <http://www.washington.edu/computing/hardware/>. This cost is usually covered by Unsubsidized Stafford Loan but may be covered by Graduate Plus loan if you have reached the annual maximum for the Unsubsidized Stafford Loan.

#### **C. UNUSUAL TRANSPORTATION COSTS:**

Explain why you have incurred exceptional costs as part of your educational program. If these costs are associated with maintaining a car, you must first establish why your car is necessary to your educational program. Please provide a written statement explaining this and provide a reasonable estimate of your academic year transportation costs. In addition, submit documentation of car insurance and any necessary repair expenses, and list your daily/weekly mileage for your required educational travel. Federal law prohibits awarding federal student aid funds for car payments.

#### **D. COST of AIRFARE and HOTEL FOR STEP 2 CS:**

Fourth year medical students may add the airfare and hotel costs they incur to take the required STEP 2 CS exam. This cost can only be covered by federal funds one time. The fee to register for Step 2 CK and CS is already part of the 3<sup>rd</sup> year budget and cannot be added again.

#### **E. ERAS REGISTRATION:**

Fourth year medical students may add the cost of their ERAS registration to their budget one time.

#### **F. OTHER:**

If you have other expenses not listed here, please attach a separate letter of explanation and include documentation of the date of the purchase, cost, and educational necessity of the expenses. NOTE: These costs must be educationally related, and therefore, they must be associated with obtaining your degree at the UW.



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Student Name: \_\_\_\_\_  
(last) (first) (middle initial)

Last Four Digits of SSN: XXX - XX - \_\_\_\_\_ UW Student ID #: \_\_\_\_\_

Phone: \_\_\_\_\_

#### 1. Check all that apply and attach all appropriate documentation:

Please note: We cannot process undocumented requests.

A. Student Medical / Dental Expenses  
*(We can only consider costs that were not covered by insurance, are non-elective procedures, and are medically necessary during the current academic year.)*  
**TOTAL Amount Documented: \$** \_\_\_\_\_

B. Computer  
*(This is a one-time only expense during your academic career at the UW that cannot exceed the \$3,000 limit.)*  
**TOTAL Amount Documented: \$** \_\_\_\_\_

C. Unusual Transportation Costs  
*(You must explain why your vehicle is necessary to your educational program.)*  
**TOTAL Amount Documented:**  
**\$** \_\_\_\_\_

D. Airfare & Hotel for Step 2 CS  
*(This is a one-time only expense during your 4<sup>th</sup> year at the UW SOM.)*  
**TOTAL Amount Documented: \$** \_\_\_\_\_

E. Eras Registration. *(This is a one-time only expense during your 4<sup>th</sup> year at the UW SOM.)*  
**TOTAL Amount Documented:**  
**\$** \_\_\_\_\_

F. Other  
*(Attach letter of explanation.)*  
**TOTAL Amount Documented: \$** \_\_\_\_\_

I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Explain the necessity of these additional expenses and how they are related to your educational goals.

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**For Office Use Only**

Logged in: \_\_\_\_\_ Process Date: \_\_\_\_\_ Check for Prior Request:  Check 202 for edits:

Action: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

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Office Hours: Monday –Friday 8:00 am – 5:00 pm  
Email: [somfao@u.washington.edu](mailto:somfao@u.washington.edu)