

UW Department of Family Medicine and Community Health

Medical Student Funding Request Form

Section 1: Applicant Section

Student Legal Name	Med year
Cell phone	Campus/Student ID#
Email	
Full mailing address	

1. I am requesting support for the following conference/meeting/other (1 request/form)
STFM NAPCRG FMMC AAFP National Conference SSRCA other (please describe):

2. Conference/Meeting/Other
 Dates: _____
 Location: _____

3. Purpose:
Presentation Receiving an award Other
Please provide a brief description below:

4. Total Amount Requested: \$ _____

Breakdown of Estimated Expenses for conference/travel requests only:

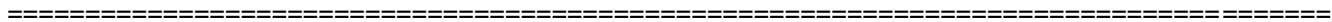
Registration cost	
Travel (Airfare/Mileage) (use the UW DFMCH rates)	
Lodging (will be verified with the UW TravelWise Per Diem calculator https://uw.foxworldtravel.com/rate-calculator/)	
Meals – UW per diem (use the UW TravelWise Per Diem calculator https://uw.foxworldtravel.com/rate-calculator/)	
Other expenses (Please describe) baggage, taxi, shuttle, etc...	

5. All approved requests are processed through the Student Information System (SIS).
- a. It is the student’s responsibility to confirm any effect this payment may have on their financial aid.
 - b. You should consult with Office of Student Financial Aid (OSFA) by calling 262-3060, visiting www.financialaid.wisc.edu, and/or review your MyUW Student Center. (DFMCH staff cannot provide this assistance)
 - c. By signing below, you are accepting the payment and the impact it may have on your financial aid.

_____ _____
Student Signature **Date**

Notes to student: Brillman travel payment will be processed after conference attendance is confirmed. After conference attendance, a reflection paragraph should be submitted to Joyce Jeardeau (joyce.jeardeau@fammed.wisc.edu).

Summer internships will be processed in two payments after confirmation of participation



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Section 2: DFMCH Use Only

This request is for summer internship or for support for student travel not at the request of the University. This request is for a student showing considerable interest in Family Medicine is:

Approved for (Rounded) Total: \$_____

Brillman Funding: \$_____ 233-532006-2-233T409-5709

WAFP Funding: \$_____ 233-532006-2-233A065-5709

Additional Funding:

Amount: \$_____ Source/UW Coding: _____

Describe any changes to request_____

Denied for the following reason(s):_____

Director Medical Student Education Signature

Date

Submit completed form and documentation to:

Joyce Jeardeau
Department of Family Medicine
Office of Medical Student Education
750 Highland Ave Rm 4268
Madison, WI 53705

Phone: (608) 263-1334

Fax: (608) 265-1103

Joyce.jeardeau@fammed.wisc.edu

<https://www.fammed.wisc.edu/fmig/student-funding/>