

# 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 <a href="https://uw.foxworldtravel.com/rate-calculator/">https://uw.foxworldtravel.com/rate-calculator/</a> )	
Meals – UW per diem (use the UW TravelWise Per Diem calculator <a href="https://uw.foxworldtravel.com/rate-calculator/">https://uw.foxworldtravel.com/rate-calculator/</a> )	
Other expenses (Please describe) baggage, taxi, shuttle, etc...	

5. All approved requests are processed through the Student Information System (SIS).

- It is the student's responsibility to confirm any effect this payment may have on their financial aid.
- You should consult with Office of Student Financial Aid (OSFA) by calling 262-3060, visiting [www.financialaid.wisc.edu](http://www.financialaid.wisc.edu), and/or review your MyUW Student Center. (DFMCH staff cannot provide this assistance)
- 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 Nicole Watson ([nicole.watson@fammed.wisc.edu](mailto:nicole.watson@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:

Nicole Watson  
OMSE Medical Student Programs Coordinator  
Department of Family Medicine & Community Health  
Office of Medical Student Education

[nicole.watson@fammed.wisc.edu](mailto:nicole.watson@fammed.wisc.edu)

Phone: (608) 263-1334

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