



UNIVERSITY
of HAWAI'I®
MĀNOA

Medical Rotation Financial Aid Form

Name: _____ Student ID: _____
(Last Name, First Name)

1. Submit/Attach a copy of your completed School of Medicine Extramural Course/Clerkship form.
2. Complete estimated costs for period of Rotation assistance are as follows:

Type of Expense	Amount
Housing (Please provide quotes or proof of purchase)	\$
Transportation (airfare) (Please provide quotes or proof of purchase)	\$
Transportation (ground) (Please provide quotes or receipts)	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
Total	\$

3. Please provide proof of payment/documentation for your expenses.

Additional aid for rotational assistance may be covered only by your remaining eligibility of the Stafford Loan(s) and/or Alternative Loan(s).

Student Signature

Date