



**REQUEST FOR FUNDS FOR THE DPMI PLUS PROGRAM**

Student Name \_\_\_\_\_ Location and Length: \_\_\_\_\_

Student ID \_\_\_\_\_ Final Graduating Month and Year \_\_\_\_\_

**Note: Please submit documentation to supplement your request for each budget item. Documentation is required to support each budget request item below with the exception of the tuition. The budget we assign to you will reflect 3-9 months worth of living expenses for your DPMI Plus assignment. If you are completing DPMI Plus during the spring or fall semester, please include 4.5 months of living expenses. For summer participants, please include 3 months of expenses.**

Tuition and fees:	\$ Entered by Financial Aid Office	Included as full time tuition
Airfare	_____	Attach quote
Rent for time in program	_____	Attach quote
Food	_____	
Local Travel	_____	
Healthcare (insurance, vaccinations, etc.)	_____	Attach quotes
Personal/Miscellaneous Expenses*	_____	
Other Items	_____	Itemize or attach a budget page
<b>Total</b>	_____	

\*Miscellaneous expenses include, for example, visas, laundry, toiletries, household supplies, etc. Please document your miscellaneous expenses where possible.

This is a request for financial aid to pay your living expenses while participating in the DPMI Plus program. There are no guarantees as to what type of aid you will receive nor how much. We will send a revised award letter to you so that you may decide whether or not to accept the additional aid offered to you.

I understand the above and agree that I must submit this form along with the necessary documentation to the Office of Student Financial Planning in order to be considered for aid. **I also understand that I have to meet with Carolyn Meyer to have them sign off on my budget before I submit it to the Office of Student Financial Planning.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DPMI Administration Signature

\_\_\_\_\_  
Date