



# Budget Form

## Training to Competence Externship

Please answer all questions to the best of your ability. All applicants must submit a completed budget form at least one month before the expected start date of their externship in order to be considered for funding.

**Name**

**Residency Program/Specialty**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name(s)

**Training Site Name**

**Training Site Location**

**Externship Start Date:** \_\_\_\_\_

**Externship End Date:** \_\_\_\_\_

### Estimated Expenses

If necessary, you may attach an additional page containing your answers to the questions below. **All expenses must be documented with receipts at the end of the externship.** Please contact the Externship Program Coordinator if you have any questions about what qualifies as appropriate documentation.

1. **Travel expenses** (from home city to externship location). If you've made externship arrangements in a location you will have to travel to (other than the location of your medical school or permanent address), please explain why you choose to travel to this location.
  
2. **Housing expenses incurred during completion of the externship.** MSFC cannot provide funding for current housing costs, only those cost accrued as a direct result of participation (subletting, room rental, etc.).
  
3. **Externship public transit/commute expenses.**
  
4. **Externship tuition costs required by host facility** (if applicable).
  
5. Please list any other expenses which you anticipate to incur as a direct result of participating in the externship.
  
6. Please explain what other financial resources, if any, you have available to support your externship.

Please return this form to [externs@msfc.org](mailto:externs@msfc.org)