



Budget Form

Reproductive Health Externship / Clinical Abortion Observation

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

Medical School

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