Financial Gift Letter

This document details income received as a financial gift received in the \_\_\_\_\_\_\_\_\_ tax year. This gift may have been received from a family member, friend, charitable organization, religious institution, or other source. To complete this form, please provide the source of the financial gift, the amount received in U.S. Dollars, and your signature certifying the information you entered. You may enter additional details if you feel they are pertinent.

1. **Name of person who received financial gift:**
2. **Source of Gift:**
3. **Amount of Gift in U.S. Dollars: $**

**Additional Details (optional):**

By signing below, I certify that the information being submitted is complete and accurate, to the best of my knowledge. I understand that submitting false information or omitting required or material information could result in an Investigation, which may impact my eligibility for Fee Assistance. I understand that the AAMC may require additional documentation in order to process my application. I authorize the AAMC to retain copies of my submitted documents for a period of 90 days beyond the date when an award decision has been made.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_