

**Women in Medicine - Special Needs Fund  
Application for Assistance**

*To complete this application on your computer, save it to your hard drive,  
open the downloaded file and email the completed form to:*

[wim.doctors@gmail.com](mailto:wim.doctors@gmail.com)

*Or print out and mail to:*

Women in Medicine, Inc.

P.O. Box 107

Colchester, VT 05446

The Special Needs Fund has been created by WIM to assist those in financial need to attend our annual CME conference/retreat. These funds are limited and rarely will cover all costs.

Candidates include attending physicians, residents,\* fellows,\* significant others of WIM members, WIM members with disabilities, or members who are retired with limited income. Couples needing assistance should complete one (1) application. ***All information will be treated with strict confidence.***

Applications will be addressed within two (2) weeks of receipt. If additional information is needed, we will be in touch with you. Funds are limited; we will do our best to assist you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**For Physicians, Residents & Fellows:**

Degrees, year obtained, and specialty:

\_\_\_\_\_

**For Significant Others:**

Name of WIM member with whom you will be attending:

\_\_\_\_\_

Your Current Occupation (if any):

\_\_\_\_\_

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Previous WIM meetings you have attended (year and/or place):

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Short Statement on why you are applying to the Special Needs Funds:

Is your financial situation temporary?  or permanent?

Approximate Gross Income the past tax year: \$ \_\_\_\_\_

Amount Requested from the Fund: \$ \_\_\_\_\_

(We will probably only attend the weekend part of the conference.)

***I attest to the truthfulness of this application,***

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

\* Residents and fellows are reminded to request assistance from their Deans, Departments, Residency Directors and/or local GLBT groups and organizations to help offset the financial costs for attending the conference.