

## **Women in Medicine - Financial Assistance Fund Application**

*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)

The Financial Assistance 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):

\_\_\_\_\_

**Page 2 – Financial Assistance Application**

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

---

---

Short Statement on why you are applying for financial assistance:

Is your financial situation temporary?  or permanent?

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

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

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

---

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.