

M.D. EMERGENCY STUDENT AID FUND APPLICATION

This is an application for emergency assistance. By completing this application, you are certifying that you agree to utilize your funding for the purpose requested and that you understand that all decisions are final. This fund is limited, and funding parameters have been set in such a way that the most students possible can benefit. Before applying for funding from the M.D. Emergency Student Aid Fund you must have exhausted eligibility through all other financial aid resources. Documentation is required.

To apply for funds, complete this form in its entirety and submit it along with any relevant documentation in PDF file format to medfinaid@umich.edu with M.D. Emergency Student Aid Fund in the subject line.

NAME: _____ Year _____ I.D.# _____

EMAIL ADDRESS: _____

Please describe in detail why you are requesting assistance from the M.D. Emergency Student Aid Fund

Description of Expenses

Amount

Total Request

\$ _____

Have you received or are you applying to any other resources for this request? Yes No

If so, what is the amount that you received? \$ _____

By signing this application, I certify that all the information reported is complete and correct. I understand that if approved for funding, I must use funds provided from the M.D. Emergency Student Aid Fund toward the expenses described above.

SIGNATURE: _____ DATE: _____