

**AWAY ROTATION AWARD  
SPECIAL NEEDS PROGRAM APPLICATION**

NAME: \_\_\_\_\_ Year \_\_\_\_\_ I.D.# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AMOUNT OF REQUEST \$ \_\_\_\_\_

The maximum award for a domestic rotation is \$500  
The maximum award for an international rotation is \$1000

LOCATION OF ROTATION: \_\_\_\_\_

DATE: \_\_\_\_\_

Has this rotation been approved for credit?  Yes  No

**\*\*\*EMAIL THIS APPLICATION ALONG WITH ALL REQUIRED RECEIPTS IN PDF FILE FORMAT TO [MEDFINAID@UMICH.EDU](mailto:MEDFINAID@UMICH.EDU) WITH AWAY ROTATION IN THE SUBJECT LINE**

I certify the above information is correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

9/22