**USF MCOM Graduate Medical Education Hardship Fund**

Purpose:

To provide USF MCOM graduate medical education (GME) residents and fellows reprieve in the event of financial adversity due to a significant life event such as a sudden illness, family emergency, immediate family member death, or natural disaster. Applicants must be in an accredited graduate medical education residency or fellowship program at USF Health Morsani College of Medicine and demonstrate financial need. The funds are not to be used as an income supplement or as an alternative to insurance or other types of public aid.

Eligibility:

1. Applicants must be a resident or fellow issued a GME contract from USF MCOM GME in USF Job code 9188.
2. Applicants must be in good standing in the training program.
3. Applicants must demonstrate financial need.
4. Applications must be submitted in their entirety. Please send completed application to the GME Director (Brad Clark).

Process:

The resident or fellow must submit an application, a personal statement up to 250 words explaining financial need, and an attestation from the program director that the trainee is in good standing in the program. The resident advisory committee members on the wellness subcommittee will review all applications and select awardees. Applications be open all year. The amount awarded will be no more than $500 dollars per resident/fellow per 2-year period. The number of awards given will be based on fund availability.

| USF Health MCOM GME Hardship fund application | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| Name: | | | | | | |
| Current address: | | | | | | |
| City: | State: | | | ZIP Code: | | |
| Home Phone: | | | Pager: | | | |
| Specialty/Residency Program: | | | | PG Level: | | |
| Have you applied for financial hardship fund in the past? *(Circle)*  **YES** Date:\_\_\_\_ /\_\_\_\_ / \_\_\_\_\_\_ Amt. $\_\_\_\_\_\_\_\_\_\_\_ **NO** | | | | | | |
| education Information | | | | | | |
| Medical School of Graduation: | | | | | | |
| Year of Graduation: | | | | | | |
| iNCOME *(GROSS, PRE-TAXED)* | | | | | | |
| **SELF** | | $ | | | | |
| **SPOUSE** | | $ | | | | |
| **MISC INCOME** | | $ | | | | |
| **TOTAL ANNUAL INCOME** | | $ | | | | |
| MONTHLY EXPENSES | | | | | | |
| FOOD | | $ | | | | |
| RENT/MORTGAGE | | $ | | | | |
| SCHOOL LOAN | | $ | | | | |
| CREDIT CARD | | $ | | | | |
| PHONE/DATA/CABLE | | $ | | | | |
| CHILDCARE | | $ | | | | |
| CAR PAYMENT | | $ | | | | |
| INSURANCE | | $ | | | | |
| OTHER - | | $ | | | | |
| OTHER - | | $ | | | | |
| Credit Cards | | | | | | |
| Name | | | Current balance | | | Monthly payment |
|  | | | $ | | | $ |
|  | | | $ | | | $ |
|  | | | $ | | | $ |
|  | | | $ | | | $ |
| Loans/Obligations | | | | | | |
| Specify Type (mortgage, auto, child support) | | | Balance | | | Monthly payment |
|  | | |  | | |  |
|  | | |  | | |  |
|  | | |  | | |  |
| Other Assets or Sources of Income | | | | | | |
|  | | | Amount | | | |
| Do you own your home?  **YES NO** | | | | | | |
| Income support from other resources (ex. Parents) | | | $ | | | |
| Investment Income | | | $ | | | |
| AUTHORIZATION | | | | | | |
| All of the above information is correct to the best of my knowledge. This application, in addition to the personal statement and program director form, will be submitted to GME. | | | | | | |
| Signature of Applicant | | | | | Date | |

| Program Director’s attestation Form | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| Name: | | | | | | |
| Specialty/Residency Program: | | | | PG Level: | | |
|  | | | | | | |
| Dear Program Director,  The resident listed above has applied for the USF Health MCOM GME Hardship Fund. The fund was created to provide USF MCOM graduate medical education residents and fellows reprieve in the event of financial adversity due to various circumstances. Please fill out the form and email form to the GME Director. | | | | | | |
| Is the resident in good standing in your program? | | **YES** |  | | **NO** |  |
| Program Director name |  | | | | | |
| Program Director Signature |  | | | | | |
| Date |  | | | | | |