

**Application for Emergency Funds
Johns Hopkins University School of Medicine House Staff Council**

Emergency funds of no more than \$500 per academic year per person are available from the House Staff Council with no expectation of repayment. These funds are intended solely for emergency needs such as urgent medical costs not covered by insurance, urgent housing needs, travel to a family funeral or to visit a sick family member. A committee consisting of an officer of the House Staff Council, the Associate Dean for Graduate Medical Education and the Vice President for Medical Affairs for The Johns Hopkins Hospital will consider applications for use of the funds and determine the eligibility of the requests. Applicants must inform their training program director or department chair of their need for these funds before they may be requested.

Name of applicant: _____

Training program: _____

Please describe the reason you are applying for emergency funds and attach receipt(s), if applicable:

Amount being requested _____

Signature of Applicant

Signature of Program Director or Chair

_____ **APPROVAL** _____

Amount Approved for Disbursement _____

Date

Signature of Vice President for Medical Affairs

Date

Signature of Associate Dean for Graduate
Medical Education