

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

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 will not cover all costs.

Candidates include attending physicians (including those who are retired), fellows, residents, and medical students. ***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):

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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 _____

* Students, Residents and fellows are reminded to request assistance from their Deans, Departments, Residency Directors and/or local LGBTQ+ groups and organizations to help offset the financial costs for attending the conference.