



Ada County Medical Student and Resident Emergency Relief Fund Guidelines

The purpose of this fund is to assist currently enrolled medical students and medical residents training in Ada County face unforeseen financial emergencies or catastrophic events. This assistance gift is not meant to replace scholarships or loans, for routine expenses, nor as a consistent supplement to a student's education funding sources. It is intended to help an individual over a brief period of financial crisis to bridge a gap in funding. Examples of appropriate uses of the fund include:

- serious illness of a medical student, resident or family member
- travel to assist with family emergencies such as a death in the family, or care of an acutely ill child or parent.
- Replacement of essential personal belongings or temporary housing needs due to fire, theft, or natural disaster.
- financial straits that prohibit a medical student's or resident's payment of fees for exams by an *unforeseen* circumstance.

Requirements

1. In order to be approved for funds, students or residents must apply along with appropriate documentation.
2. The application must be signed by the medical school dean/assistant dean or residency program director, unless there is a privacy concern.
3. Applicants must be currently enrolled medical students, medical resident, or fellow being trained in Ada or Elmore County. They must also be current members of ACMS.
4. Applicants must have an immediate financial hardship resulting from an emergency, accident, or other unexpected critical incident. The expense must be unexpected, unforeseen, and the urgent nature unavoidable.
5. All other resources, including emergency loans through Scholarships and Student Aid must have been considered and are insufficient, unavailable, or not available in a timely manner.
6. Applicants must complete all questions in full and submit supporting documentation.
7. Applicants must not have previously received Emergency Relief Funds from the ACMS Foundation
8. Review of applications will be done first by the executive director and then by the ACMS Board of Directors or its delegates. Confidentiality of your request will be kept within this team.

Fund issuance is not guaranteed and will depend on the current Emergency Relief Fund balance.



**Ada County Medical Student and Resident Emergency Relief Fund
Application Form**

Date _____ Amount of grant requested _____

Full Name _____ Contact Email _____

Local Address _____ Contact Phone _____

Training at ICOM WWAMI PNWU FMRI UW-BOIM UW-PSY

Please explain in detail the reason what the emergency funds will be used for:

Unless patently obvious, please explain why this is an unforeseen expense:

Describe your efforts to obtain assistance for these expenses through other sources (family, friends, educational institution, community organizations, etc.)

Attach invoices, estimates, receipts and other documentation to verify your request.

Applicant Signature

Medical School Dean/Asst. Dean OR
Residency Program Director Signature

Submit by email to director@adamedicalsociety.org or mail to ACMS 305 W Jefferson Street Boise 83702. Questions may be directed to 208-336-2930.