



# UPSTATE MEDICAL ALUMNI

## Discretionary Student Grant Application-2009

Date: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Type of Event: (please check one)

Seminar

Conference

Other \_\_\_\_\_

Reason this is important to your medical education:

\_\_\_\_\_  
\_\_\_\_\_

*I acknowledge that I have submitted all documentation to the Medical Alumni Association regarding any other sources of funding I have received for this request:*

AMOUNT YOU ARE REQUESTING: \$ \_\_\_\_\_ AMOUNT APPROVED: \$ \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ (Authorized Signature)

### GUIDELINES:

- Please note that the maximum allowable reimbursement amount per *calendar* year is \$250.00
- All funding requests must be submitted within same calendar year. You will not receive funding for any event from the prior year
- You must provide travel related receipts and will be approved/denied for reimbursement **AFTER THE EVENT**
- Expenses **MUST NOT** be covered by other grant sources
- Expenses **WILL NOT** be reimbursed for any costs incurred by applicant from other students/persons expenses
- Proof of attendance is necessary

### EXPENSES NOT ALLOWED:

- Meals for other students
- Alcohol

### Contact:

Setnor Academic Bldg #1510, 750 E. Adams St. Syracuse, NY 13210 Tel: (315) 464-4361 Fax: (315) 464-4360

E-Mail: [medalum@upstate.edu](mailto:medalum@upstate.edu) Visit us at: [www.upstate.edu/medalumni](http://www.upstate.edu/medalumni)

*Certain scholarships and grants are considered taxable income even if not reported to you on a form W-2 or form 1099. Please consult IRS Publication 970 Tax Benefits for Education or a tax professional.*

OFFICE USE ONLY:

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