



UPSTATE MEDICAL ALUMNI

Discretionary Student Grant Application-2008

Date: _____ Class Year: _____

Name: _____

Address: _____

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:

_____ **STUDENT SIGNATURE**

AMOUNT REQUESTED: \$ _____ **AMOUNT AP: \$** _____

APPROVED BY: _____

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

OFFICE USE ONLY:
DATE PAID: _____

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 Visit us at: 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.