**William J. Baker Emergency Funds Application**

**Purpose:** The William J. Baker Emergency Fund is available to help students who are experiencing an emergency financial hardship.

**Eligibility:** Applicants must be a PharmD student in the College of Pharmacy or a graduate student performing research in the Department of Pharmacotherapy. Applicants are not required to be currently enrolled in order to apply (i.e. may be on a leave of absence).

**Funds:** Requests will be considered up to a maximum of $1000. The total amount dispersed will depend on the applicant’s need as well as total funds available at the time of the request. Applicants may only receive William J. Baker Emergency Funds one time.

**Timeline:** Please note that it may take up to 3 weeks to receive funds after application approval.

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**Please complete the following information.**

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

**uNID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount requested**: $\_\_\_\_\_\_\_\_\_\_\_

**Brief description of why you are requesting emergency funds:**

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**Submit completed applications to:**

Jennifer Babin

jennifer.babin@hsc.utah.edu

801-587-9230

**Note**: If your application is approved you will be contacted by Teresa Moss from the College of Pharmacy financial team with a request for additional information (e.g. receipts) needed for processing the transfer of funds to you.

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*Administrator signature (denotes application approval):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_