



Alcohol and Drug Abuse Clinic, 30 North 1900 East, Room 1C307, Salt Lake City, UT 84132
Phone (801) 585-5296 Fax (801) 585-5498 Email Susan.Langston@hsc.utah.edu

Physicians Section – Medical Student Scholarship Application

[For future physicians currently enrolled in a United States medical school.]

PLEASE PRINT

Mr. Ms. Dr. _____
First Name Middle Initial Last Name

_____ City State ZIP
Permanent Home Street Address

_____ City State ZIP
Home Street Address at School

() _____ () _____ _____
Permanent Home Phone Home Phone at School Email Address

_____ Medical School _____ Year (first, second, etc.)

I am applying for scholarship assistance to attend the Physicians Section of the 61st annual session of the University of Utah School on Alcoholism and Other Drug Dependencies, June 17-22, 2012. I understand the scholarship includes full tuition, up to six nights in a dormitory room and up to \$360 travel allowance. [*Tuition and room will be prepaid; travel allowance will be reimbursed by check at the conclusion of the week if you register by May 1; otherwise, it will be mailed to you after the conference.*] If I am granted scholarship allowance, I agree to notify the University of Utah School on Alcoholism and Other Drug Dependencies in a timely manner if I am unable to use the scholarship allowance so that it may be offered to the next person on the waiting list.

I would like the following dormitory reservation: Non-Smoker Smoker
Arrival Date: _____ Departure Date: _____
Single room has a twin bed, bedding and a small towel; share bathroom with the person in the adjoining room. Rooms *do not* have a telephone, clock, reading lamp, radio or television. A microwave is available on each floor and a refrigerator is available upon request for a fee.
If you wish to share bathroom with a specific person, indicate name:

Dormitory regulations require that male and female sharing facilities be a married couple.
There will be a \$75 charge for a lost room key or key not turned in and \$10 for a building swipe card lost or not turned in.
 No room reservation requested.

- Attached is a letter from my school verifying my status as a medical student.
- Verification from my school will be sent separately.

Signature of Applicant _____ Date _____