

University of Utah School on Alcoholism and Other Drug Dependencies

P. O. Box 2604, Salt Lake City, UT 84110

Phone (801) 538-4343 Fax (801) 538-8228 Email slangston@utah.gov

Physicians Section – Medical Student Scholarship Application

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

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

I am applying for scholarship assistance to attend the Physicians Section of the 58th annual session of the University of Utah School on Alcoholism and Other Drug Dependencies, June 21-26, 2009. I understand the scholarship includes full tuition, up to six nights in a dormitory room and up to \$350 travel allowance. [*Tuition and room will be prepaid; travel allowance will be reimbursed by check at the conclusion of the week.*] 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. [*The Physicians Section is completed on Thursday; if you choose, you may also attend any other section on Friday at no additional cost.*]

I would like the following dormitory reservation: Non-Smoker
Arrival Date: _____ Departure Date: _____ Smoker

Rooms have twin beds, bedding and a small towel. Rooms do not have a telephone, clock, reading lamp, radio, or television. A microwave and refrigerator are available on each floor but not in individual rooms.

Double room – Share room, two twin beds; share bathroom with three other people.
 Single room – Private room, twin bed; share bathroom with one other person.

If you wish to share room/bathroom with a specific person, indicate name/s:

Dormitory regulations require that a male and female sharing facilities be a married couple.

There will be a \$65 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 _____