

APPLICATION FOR FRY EMERGENCY ASSISTANCE FUND

NAME: _____ UMID _____

ADDRESS: _____
Street/P. O. Box City State Zip Code

PHONE: _____ DATE: _____

ETHNIC STATUS:

American Indian ___ Black/African-American ___ Oriental/Asian American ___

Chicano/Mexican American ___ Puerto Rican/Boricua ___ White/Caucasian

Other Spanish American ___ Other

CURRENT YEAR IN DPT PROGRAM: _____

HAVE YOU RECEIVED MONEY FROM THE FRY STUDENT ASSISTANCE FUND BEFORE? IF SO, WHEN AND HOW MUCH:

AMOUNT YOU ARE REQUESTING: (\$200/per academic year)

Please explain the circumstances which prompted you to apply to the Fry Physical Therapy Student Assistance Fund. Describe why you need this aid to remain in the professional DPT program. Documentation such as an estimate or receipt will help greatly in our consideration of your need. Please attach copies of such items to your application. Use back or separate sheet if necessary.