| Program Directors Recommendation Form | | | | | | | | | |
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| Applicant Information | | | | | | | | | |
| Name: | | | | | | | | | |
| Current address: | | | | | | | | | |
| City: | | State: | | | | | ZIP Code: | | |
| Home Phone: | | | | | Pager: | | | | |
| Specialty/Residency Program: | | | | | | | PG Level: | | |
|  | | | | | | | | | |
| Dear Program Director,  The resident listed above has submitted an application for the University of Louisville, House Staff Council, Financial Aid Grant. This grant has been designed to help house staff members who have endured financial hardship due to various circumstances. Please fill out the form and mail it to the address below. The deadline for the application submission is October 1. Thank you in advance for your time.  Jennifer Hall  House Staff Council Correspondent  323 E. Chestnut St., Suite 512  Louisville, KY 40202 | | | | | | | | | |
| Program Director name |  | | | | | | | | |
| Institution |  | | | | | | | | |
| Contact phone number |  | | | | | | | | |
| Is the resident in good standing in your department? | | | **YES** |  | | **NO** | |  | If no, please explain. |
|  | | | | | | | | | |
| Why do you feel this applicant would benefit from this grant? | | | | | | | | | |