



The Shirt Charity Fund

Application for Funding
Managed by Financial Management Board

Application Submission Instructions

Students interested in requesting assistance from The Shirt Charity Fund must print and submit the following:

- Contact Information and Calculated Expenses (Page 1-2)
- Narrative (Page 3)
- Release of Records (Page 4) - Printed copy *MUST have original signature* when submitted for consideration
- Copies of invoices and receipts that you are requesting for reimbursement

All documents *MUST be submitted hard copy* (not electronically).

All documentation must be dropped off at the office of Student Union Treasurer in 314D LaFortune Student Center.

If nobody is in the office, slide the envelope under the door to 314D.

Questions can be directed to fmf@nd.edu.

Contact Information

Name: _____

Net ID: _____

Year in School: _____

Phone Number: _____

Local Address: _____

Narrative

The information provided here is what will be utilized to determine a student's eligibility to require funding. As such, please feel free to use as much space as necessary in order to answer the following questions to the fullest of your ability.

#1) Please provide a detailed synopsis (at least 5-6 sentences) of the medical condition; include dates, overall timeline, cause of the incident, diagnosis, and resulting medical expenses.

#2) Please describe a detailed breakdown of all medical treatments for which you are requesting funding (e.g. lab work, diagnostics, x-rays, hospital visits, surgical procedures, medical equipment, etc.); be sure to denote which (if any) treatments are ongoing and/or pending.

#3) In what way is this medical condition extraordinary, severe, and/or uncommon? What impact does this medical condition have on your daily life, and how long have you been experiencing this medical condition? (Please provide at least 5-6 sentences)

#4) Are you currently receiving financial assistance services from other Notre Dame departments or programs, such as the Office of Student Enrichment, Family Resource Center, etc.? If yes, which department(s)/program(s)? *Please note that this does not include the Office of Financial Aid.*

#5) In order to demonstrate how these medical expenses require payment beyond your means, please provide concrete details (e.g. monthly income, monthly expenses, family contribution, stipend, etc.). How much, if any, need-based financial aid do you receive, from both Notre Dame and/or external sources? (If you answer YES to Question #4, you are not required to submit a response to Question #5.)

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____ hereby authorize the Student Body Treasurer at the University of Notre Dame ("the University"), to whom I have provided copies of my medical and health insurance records, to release copies of those records to the Student Activities Office advisor and the Student Union Bookkeeper at the University, as necessary, for the purpose of administering and distributing funds to me and/or my medical providers from The Shirt Charity Fund.

This authorization is subject to revocation at any time, except to the extent that action has been taken in reliance on the consent. This authorization will expire sixty (60) days after the date it is signed if not previously revoked.

Date:

Signature:

Printed Name:

Local Address:

Date of Birth:
