

**Adtalem Assistance Fund
Grant Application Form**

The Adtalem Assistance Fund is a subfund of the Adtalem Caring Fund dedicated to assisting members of the Adtalem community at Ross University School of Medicine (RUSM), American University of the Caribbean School of Medicine (AUC), Ross University School of Veterinary Medicine (RUSVM) and Chamberlain University affected by Hurricanes Harvey, Irma and Maria, and to assist members of the Adtalem community at DeVry University and Carrington College affected by 2017 California wildfires. These events have left long-lasting and, in many areas, catastrophic damage, impacting the lives of students, faculty, colleagues and their families. While some endured staggering personal losses and extensive damage to their homes and belongings, others have lost everything. This Adtalem Assistance Fund provides assistance to those affected within our Adtalem community as they rebuild their lives.

Date of Application _____

Last Name _____

First Name _____

Middle Initial _____

D# _____

The Adtalem Assistance Fund is a fund dedicated for support of students, colleagues, and faculty at Adtalem institutions impacted by Hurricanes Harvey, Irma and Maria. To be eligible, you must be associated with a particular institution and must have your residence in the locations impacted by a hurricane or a wildfire in California. Please indicate below the Adtalem institution you're affiliated with AND the location where you were impacted (check box):

Ross University School of Medicine
Location: Dominica

Ross University School of Veterinary Medicine
Location: St. Kitts

American University of the Caribbean School of Medicine
Location: Sint Maarten

Chamberlain University
Location: Houston & Pearland, Texas

DeVry University
Location: Anaheim, California

Carrington College
Location: Pleasant Hill, California

If a colleague, are you Full Time or Part Time (check box)?: Full Time Part Time

Work Address (if remote worker office assigned to) :

City: _____, State: _____, Zip: _____

Home Address:

City: _____, State: _____, Zip: _____

Mobile Phone # _____ Home # _____ Work# _____

What number is the best number to contact you at?: _____

Reason for Request. Please tell us about your situation. Please be sure to confirm that your circumstances were directly caused by Hurricane Harvey, Irma or Maria or the California wildfires.

If more space is needed, please attach additional sheets.

Amount of grant requested: \$ _____.

Please itemize what the grant funds will be utilized for (for example, rent, living expenses, travel, etc.):

Colleague Signature

Date

Please scan a copy to askHR@Adtalem.com. Keep a copy for your records.

You will receive notification regarding this request within 30 days of receipt of this form.

Applicants must demonstrate that they have exhausted all other financial resources to meet their immediate needs prior to applying for a grant from the Fund. Please list details of financial assistance applied for (for example, insurance, FEMA, SS, loans, charities, etc.) and the amounts, if any, received.

1. _____
2. _____
3. _____
4. _____
5. _____

Utmost care will be taken to ensure privacy and confidentiality of each application. This information will be shared with only those individuals who administer the program.

Colleague Signature

Date

Please scan a copy to askHR@Adtalem.com **no later than November 30, 2017**. Keep a copy for your records.

The nominee will receive notification regarding this request within 30 days of receipt of this form.