

## **Creighton University House Staff Relief Fund – Request for Funds**

Today's Date:

Name:

PGY:

Program:

Date Funds Needed:

Amount Requested:

*Please remember all identifying information will be kept confidential within the House Staff Council.*

Please describe the event(s) leading to your financial need:

Please describe how this event has adversely affected your ability to work/focus on work:

What individual efforts have you made to address this financial need and how have you attempted to utilize your employment benefits?

Please email form to [mayli@creighton.edu](mailto:mayli@creighton.edu)