

**APPLICATION FOR FUNDS FROM THE MISSOURI OSTEOPATHIC  
STUDENT, RESIDENT, ADVOCATE AND YOUNG PHYSICIANS FUND  
(MOSRA and Young Physicians Fund)**

The following form must be completed by the host/hostess and submitted to AMAOPS for review by the MOSRA Committee prior to any planned event taking place. Please contact the current MOSRA Committee Chairperson to receive this Application via email. If your application is approved for reimbursement of some or all of your expenses, please submit any receipts and other documentation regarding expenses to AMAOPS' Treasurer within thirty (30) days of the event.

Name of Person(s)/Group Hosting and Contact Information:

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Name:

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Address:

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Phone/Email:

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Preferred Contact Method:

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Name of Sponsor (Osteopathic School, Hospital, District Association, Physician Group, etc.):

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Co-Sponsor, if applicable: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description of Event:

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Number of Students/Residents/Advocates/Young Physicians expected:

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Amount of Requested Reimbursement and Explanation:

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Have you requested reimbursement from AMAOPS previously? \_\_\_\_\_ If yes, please provide function, location, date:

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Will a representative of AMAOPS be in attendance? If yes, who? \_\_\_\_\_

Additional Comments, if any, from the Person(s)/Group Requesting Funds:

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Signature of Applicant Date

**For MOSRA Committee Use Only:**

Approved in Full: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved in Part: \_\_\_\_\_ Amount: \_\_\_\_\_

Respectfully Denied: \_\_\_\_\_

Committee Comments: \_\_\_\_\_

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Signature of MOSRA Committee Member Date