Global Health Scholarship Application

Application Deadline: Monday, April 1st, 2019

Unless otherwise noted, all fields are required.

The Global Health Scholarships are dedicated to the enrichment of medical education in global health at the Pritzker School of Medicine. These scholarships, supported by the Keith Edson Fund, the University of Chicago Center for Global Health, and the generous donations of our alumni, were established to promote service or research in global health. These scholarships support students' service or research in global health as opposed to 'medical tourism' during the summer following their MS1 year and throughout their MS4 year. Eligibility requirements are outlined below.

Eligibility

Only current First Year and Third Year Students are eligible to apply for scholarships. MS2 students on an extended curriculum option are also eligible to apply.

All Global Health Experiences must take place in the 2019-20 academic year. International programs solely for language training purposes will NOT be considered.

Only programs with a minimum of 14 days of volunteer/clinical service will be considered.

MS2, MS3, and MS4 students who have been accepted into the Scholarship & Discovery Global Health Scholars Track have separate funding available to fund MS2 and MS4 research activities, and should NOT apply for these scholarships. Please visit the Global Health Scholars Track page for more information.

Timing

First Years (MS1): Global Health Experiences may not conflict with planned participation in the Summer Research Program, including participation in the presentations in the last week of the program, which are mandatory (June 10, 2019 - August 23, 2019).

Third Years (MS3): Global Health Experiences may be scheduled at any point during your fourth year (July 1, 2019 - June 5, 2020).

Program Requirements

Students who are awarded a Global Health Scholarship are required to:

- Complete the PSOM International Experience Checklist packet and submit to Kate Blythe six weeks prior to departure.
- Submit a one-page typed description of the international experience one month after participation.
- Either give a brief presentation (date TBD) to first year Pritzker students regarding scholarship-funded experiences abroad, or submit a poster depicting the funded global health care experience.
- Students whose experiences are funded through named scholarships (Lee Scholarship) are also required to provide a letter to the respective donors describing their experience in the form of a brief (1-2 page) report on research and clinical activities undertaken during the trip. Details will be provided at the time funds are awarded.

Budget Information

Although the scholarship fund may not cover your entire traveling expense and program fees, it is the goal of the Global Health Scholarship committee to provide each student with as much funding support as possible. The amount of scholarship awarded to each student is based on the length of the program and the amount and type of service that the student will provide while participating in the program. Funding preference is given to experiences taking place at University of Chicago Center for Global Health Local-Global Partnership Sites.

The Scholarship will be given in two installments:

- 50% after the proof of acceptance to a program and purchase of airline ticket.
- 50% after the completion of the program and fulfilling of the Program Requirements outlined above.
**Application - continued**

What is your name?

__________________________________
(last name, first name)

What is your email address?

__________________________________
(uchicago affiliated email addresses only)

In what year of medical school are you currently enrolled? If you are currently enrolled in another graduate program, what year of medical school did you most recently complete?

- [ ] MS1
- [ ] MS2
- [ ] MS3
- [ ] MS4
- [ ] Other (please specify below)

Please specify your selection of "Other" above:

__________________________________

What is the name of the program in which you will participate?

__________________________________

In what location will you participate in this program? please be as specific as possible

__________________________________

Is your proposed site currently on the US State Department's Watch List?

- [ ] Yes
- [ ] No

Is your proposed site part of The University of Chicago Center for Global Health Local-Global Partnership Sites?

- [ ] Yes
- [ ] No
Program Dates

What is the start date of the program?
__________________________________

What is the end date of the program?
__________________________________

How many days of this program will be spent in a clinical setting?
__________________________________

How many days of this program will be spent in a volunteer setting (not including clinical days)?
__________________________________
Budget Information

What is the fee charged by this program?

__________________________________

How much do you estimate program-related expenses will cost?

__________________________________

What do you estimate your travel costs to be?

__________________________________

What do you estimate your lodging costs to be?

__________________________________

What do you estimate your food costs to be?

__________________________________

Please include any other related costs:

__________________________________

Please explain these related costs:
Funding and Itinerary

Please list other scholarships and funding sources you have applied for to fund this trip. Please also list funding amounts.

Please provide a detailed itinerary of your planned time abroad. Only programs with a minimum of 14 days of volunteer/clinical service will be considered. International programs solely for language purposes will NOT be considered.
Contact and Essay

Please provide the contact information for your mentor or program coordinator.

Contact name:

__________________________________

Title:

__________________________________

Phone number:

__________________________________

Email Address:

__________________________________

Address 1:

__________________________________

Address 2:

__________________________________

City:

__________________________________

State:

__________________________________

ZIP Code:

__________________________________

Please provide a 500-word essay describing your objectives for going abroad, the nature of the program, your responsibilities as a program participant, and the extent of clinical exposure while on the program.