

Global Health Scholarship Application

Application Deadline: Sunday, October 27th, 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 Fourth Year Students are eligible to apply for scholarships during this funding cycle.

All Global Health Experiences must take place between January and May, 2020.

Language immersion programs will NOT be considered.

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

MS4 students in the Scholarship & Discovery Global Health Scholars Track have separate funding available for global research activities. Please visit the Global Health Scholars Track website for more information.

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.

Students whose experiences are funded through named scholarships (Lee, Thorp Scholarships) 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

Funding preference is given to experiences taking place at UChicago Center for Global Health Primary Partner Sites.

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.

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?

(uchospitals addresses only)

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 a UChicago Center for Global Health Partner 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.