

OIA Application

Medical Student Global Health Travel Scholarship Application

Please visit the [OIA website](#) for a full description of requirements and to preview a **SAMPLE** application. Once you begin the application, you cannot progress backwards.

Summary

SUMMARY

SAMPLE

FUNDING APPLICATION: *UNC School of Medicine Student Global Health Travel Scholarship***Fall Award Cycle Deadlines**

- Student online application: September 15
- Two letters of recommendation: September 22

Spring Award Cycle Deadlines

- Student online application: February 15
- Two letters of recommendation : February 22

Eligibility

Individual UNC medical students applying to the UNC Medical School Global Health Travel Scholarship. Applicants must have good academic standing and commit to a minimum of three to four weeks for a global health experience. Applicant requires prior approval from the host site, course director (if receiving academic credit) and an acknowledgement that the [UNC SOM global pre-travel requirements](#) must be verified and completed 8 weeks before departure with written approval from the SOM or travel will be provided. Student groups are not eligible for this award such as HHA and PPS. Applicants who have received the OIA Student Global Scholarship funding in the past are not eligible to receive a second award for a similar experience. Funding for proactive is not accepted. Awards range between \$500-\$2,000.

Applications and letters of recommendation submitted via the application portal only will be considered. Applications or letters submitted to our office via any other fashion will be considered invalid. Do not request exceptions or extensions.

Program Contact: [Shay Slifko](#)

Contact Information

SAMPLE

CONTACT INFORMATION

First Name:

Last Name:

Permanent Home Address:

Address Line 2:

City:

State:

Zip:

Phone:

UNC Email:

Permanent Email:

Enter non-UNC email address.

UNC PID:

UNC Onyen:

Current class level (Example:
MS1)

Anticipated graduation date:
mm/yyyy

International Elective Information

GLOBAL HEALTH ELECTIVE INFORMATION

Elective/Travel Location

Please select all of the country to which you will travel for this project.

Languages Spoken On-site:

(Hold CTRL to select multiple items)

Proposed Program Start Date:

Proposed Program End Date:

Total Travel Dates MM/DD/YY - MM/DD/YY (Includes travel days returning and arriving)

Additional Funding

ADDITIONAL FUNDING

Please provide information on other funding you have received, applied for, or that you plan to apply for in support of this proposal.

Additional Funding Detail

SAMPLE

	Organization/Department	Description/Additional Information	Amount (In US Dollars)	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Budget

BUDGET

Please detail your budget below. Please be as specific as possible.

SAMPLE

	Item ex: Airfare	Description/Explanation RDU to London, UK	Amount (In US Do) 1130.00
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE

Line-Item Budget Total

Total Funding Requested

Budget Justification (optional)

Please provide any budget comments, justifications, or additional line items that do not fit in the budget matrix.

Short Answer Questions

ESSAY & SHORT ANSWER QUESTIONS

1. Please describe the overall purpose and motivations for the proposed global health experience, AND address one of the options below relevant to the nature of your role and the nature of your experience.

Essay Limit 1,500 words

For the second part of the essay, select from one of the three options below. For example, if you are functioning solely in a capacity, you will only address section 3.

1. For research: Project description; faculty support; funding needs; and plans for IRB approval.
2. For public health-focused projects: Project description; faculty support; funding needs and plans for IRB approval if any involved.
3. For clinically-focused programs: Anticipated patient-care responsibilities and supervision, and plans for scholarly activity



Explain the rationale for choice of selected international site.

Identify at least three specific learning objectives.

Discuss the political stability of the host country, the potential safety and/or health risks, and what steps will be taken to mitigate risk.

Describe on-site supervision appropriate to your level of training.

Discuss any language barriers and how they will be mitigated.

Please discuss likelihood that this experience will offer opportunity for continued relationship/partnership (either for you or trainees in subsequent years).



Please describe your global experience using the following details: Location, organization, duration, and what you did? For clinical experience, research, community health, any leadership role, and personal travel. If you are unsure of the specific provide your best estimate. List the dates starting with the most recent.

	Dates ex: 02/2015-04/2015	Description of Travel Research; Personal	Location/Organization Mexico City, Mexico/Universidad Nacional Autónoma
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Resume**SUPPLEMENTAL MATERIALS**

Please upload your CV / Resume as a PDF file

References**Signature****REFERENCES**

This application requires two different letters of recommendations. **Applications are due September 15 in the fall and Feb 15 in the spring. Both Letters of Recommendation are due September 22 in the fall and February 22 in the spring.**

Upon submission of this application, based on the email addresses you enter below in the reference's email address, an aut will be sent directly to the references prompting them to complete the letter of recommendation in your online application submitted, the references will receive an email confirming receipt of their letter on your behalf and you will also receive an verifying their submission. Applications and letters of recommendation submitted via the application portal only will be co funding. Applications or letters submitted to our office in any other method will be considered invalid. Do not request spec exceptions.

Reference #1: **Host-site Contact:** This person must be the on-site preceptor, supervising physician, preceptor or host-site mentor overseeing your daily involvement for the duration of the rotation. This individual will comment on your suitability for the elective, your candidacy for scholarship support, steps to protect patient or research participants' autonomy, and the training quality at the site.

Name of hosting institution overseas

First Name

Last Name

Title

Email Address

Reference #2 UNC SOM Faculty Advisor for this global health experience

First Name

Last Name

Title

Email Address

By submitting, I authorize the Office of International Activities Scholarship Selection Committee to query the UNC School of Medicine Office of Student Affairs about my academic standing in the program. I give my permission for the committee to review all pertinent to my application for this scholarship. I also agree to purchase the required travel insurance providing repatriation/evacuation for a period covering the duration of my travel abroad, to register with the UNC Global Travel registry and to complete OIA paperwork and processes involved for UNC medical students traveling. I also understand that I must satisfy all of the requirements if I am registered for academic credit.

Opening Access

OPENING ACCESS BACKGROUND INFORMATION

You have not yet submitted your application. Complete this section and select "Submit."

Aligned with UNC's Academic Plan, which prioritizes **"equity and inclusion"** and **"global engagement,"** the Office of International Activities is determined to significantly increase the number of traditionally underserved students who have access to global opportunities.

This pan-university effort opens access to students regardless of their academic discipline, age, disabilities, educational or background, gender identity, racial or ethnic identity, sexual orientation or socio-economic status.

We are collecting data to support programming of new initiatives to open access and we need your help! Please answer the questions. Your answers to this section **will not** be seen by the review committee and **will not** be used to evaluate your work. Your responses will be analyzed in aggregate form by program staff to develop global opportunities for Carolina medical students.

Please indicate the race/ethnicity with which you identify (mark one or more boxes).

- American Indian or Alaska Native
- Asian
- Black
- Hispanic or Latino/a
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Not listed above

Please indicate the gender with which you identify.

- Male
- Female
- Prefer not to answer
- Not listed above

SAMPLE

Please indicate any of the following impairments or difficulties that may apply to you.

- Visual impairment
- Chronic medical
- Deaf/hard of hearing
- Learning disability
- Physical/mobility impairment
- Psychological
- No disability/impairment
- Prefer not to answer
- Not listed above

Please enter the size of your household (include yourself in the count).

Please indicate if you have previously traveled outside of the United States (include other North American countries such as Canada and Mexico, and U.S. Overseas Territories such as Puerto Rico, Guam, etc.).

- Yes
- No
- Prefer not to answer

Please indicate if anyone in your IMMEDIATE FAMILY has previously traveled outside of the United States (include other North American countries such as Canada and Mexico, and U.S. Overseas Territories such as Puerto Rico, Guam, etc.).

- Yes
- No
- Prefer not to answer

Outreach

ACCESS TO GLOBAL OPPORTUNITIES

In addition to the demographic information you have provided, we need your feedback regarding barriers you may have encountered pursuing global opportunities.

Your answers to this section **will not** be seen by the review committees and **will not** be used to evaluate your application. Responses will be analyzed in aggregate form by program staff to develop global opportunities to address barriers to participation.

Select any of the barriers listed below that have kept you from participating in global opportunities abroad.

- Academic course requirements
- Lack of administrative support
- Didn't know about opportunities
- Applied for programs but was not accepted
- Worried I wouldn't graduate on time
- Did not have the funds to participate
- Faced the burden of lost working wages
- Lack of support, encouragement or understanding from family members
- Didn't see the value of global travel
- Didn't see myself as the kind of student who could travel abroad
- Lack of peer support
- Lack of faculty support
- Other, please describe

Provide a specific example of a barrier you faced. (Optional)

Please indicate all of the ways you heard about this particular award.

- [OIA website](#)
- [OIA Facebook](#)
- OIA Info-session
- OIA email
- From a student peer
- From a SOM faculty member
- Other/not-listed (please indicate below)

Block 12

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SAMPLE