



MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION

Grant Application

International Health Studies Grant Program

PART I. APPLICANT INFORMATION

Please provide the following information in this sequence. For your convenience, you may choose to copy and complete the information or create your own version using the headings listed below. Completed applications must be submitted electronically to foundation@mms.org and received by 4:00 p.m. on **September 15**.

Date: _____

Name: _____

Social Security #: _____ MMS Member #: _____

I am a: _____ Medical Student Year: _____

_____ Resident Year: _____ Specialty: _____

Mailing address: _____

Phone #: _____ Email: _____

Medical School or Residency Program:

Name: _____

Mailing address: _____

Have you had previous international experiences? _____ No _____ Yes, please list

MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION

860 Winter Street
Waltham, MA 02451
www.mmsfoundation.org

April 2007

Name of faculty (dean, advisor, or supervisor) at your institution who has approved this elective or project:

Name: _____

Mailing address: _____

Supervising faculty must submit the following on institutional letterhead:

- *a letter of support naming the applicant and the project attesting that the applicant is in good standing at the medical school or residency program, and that the international project has been approved and will be supervised;*
- *a letter attesting to your completion of the program to accompany your follow up report*

PART II. ELECTIVE OR PROJECT ABROAD

Host country, city/region: _____

Host institution (attach descriptive materials of program or institution, if available):

Name: _____

Mailing address: _____

Phone #: _____ Website: _____

Host preceptor:

Name: _____

Mailing address: _____

Phone #: _____ Email: _____

Dates of participation in program: _____ **to** _____

Program cost: \$ _____ **Travel:** \$ _____ **Lodging:** \$ _____

Is your participation in this program funded by any other scholarships or grants?

_____ No _____ Yes If yes, how much? \$ _____

Identify the type of facility (hospital, clinic, etc.) at which you will work:

Identify the population served by this program:

What needs / challenges does this project address?

Identify what services you will provide as part of your participation in this program:

Will there be a language barrier? How will you communicate with staff and patients?
