



## SOM International Travel Alumni Award Application

Deadline Date: February 1, 2018

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

The School of Medicine Alumni Association is pleased to offer scholarship(s) to students who participate in International Medical Missions organized by Stony Brook Faculty and Staff.

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Please list the name of the country to which you will be traveling: \_\_\_\_\_

Please list the dates you will be traveling: \_\_\_\_\_

Reason you are interested in participating in the mission: \_\_\_\_\_

Medical expertise that you hope to provide: \_\_\_\_\_

Your professional goals for participating in this mission: \_\_\_\_\_

Your personal goals for participating in the mission: \_\_\_\_\_

Your approximate expenditures for this trip: \_\_\_\_\_

Please write a 250 word essay as to why you should receive this stipend (attach with your application):

I am a student in good standing



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- I agree to purchase evacuation insurance
  
- I will submit an elective evaluation form on my return.
  
- I will present my brief report to the Alumni Board/ Meeting upon my return.
  
- All of the information in this application is true to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email the completed application to [mary.hoffmann@stonybrook.edu](mailto:mary.hoffmann@stonybrook.edu).

**Please note that the funds awarded will be distributed upon return from the medical mission and copies of the travel receipts and W9 are submitted to Mary Hoffmann.**

**Notification of award will be on March 1, 2018**