

## OIA Application

# OIA Medical Student Global Health Scholarship Application 2018

Please visit the [OIA website](#) for a full description of requirements and to review the full application the student scholarship application.

## Summary

SAMPLE

## SUMMARY

**Title:** UNC School of Medicine & OIA Student Global Health Scholarship

**Application Deadline:** September 15, 2018

**Recommendation Deadline:** October 1, 2018

**Eligibility:** Individual UNC medical students applying to the UNC Office of International Activities Global Health Scholarship. Trainees

must be in good academic standing and commit to a minimum of three to four weeks for an international experience. Student groups are not eligible for this award.

**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

## INTERNATIONAL ELECTIVE INFORMATION

**Elective/Travel Location**

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

SAMPLE

## Languages Spoken On-site:

(Hold CTRL to select multiple items)

- Arabic
- Bosnian-Croatian-Serbian
- Chinese
- Chichewa
- French
- German
- Greek, Modern
- Haitian Creole
- Hebrew, Modern
- Hindi
- Italian
- Japanese
- Kiswahili
- Korean
- Lingala
- Persian
- Polish
- Portuguese (Brazilian)
- Portuguese (Iberian)
- Russian
- Spanish
- Turkish

SAMPLE

Total Travel Dates MM/DD/YY - MM/DD/YY

Proposed Program Start Date:

Proposed Program End Date:

SAMPLE

### 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 project.

### Additional Funding Details

	Organization/Department	Description/Additional Information	Amount (In US Dollars)	Status
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"/>

SAMPLE

**Budget**

**BUDGET**

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

	<b>Item</b> ex: Airfare	<b>Description/Explanation</b>	<b>Amount</b> <i>(In US Dollars)</i>
		RDU to London, UK	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 clinical 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 research involved.

3. For clinically-focused programs: Anticipated patient-care responsibilities and supervision, and plans for scholarly activity.



SAMPLE

Explain the rationale for choice of selected international site.

Identify at least three specific learning objectives.

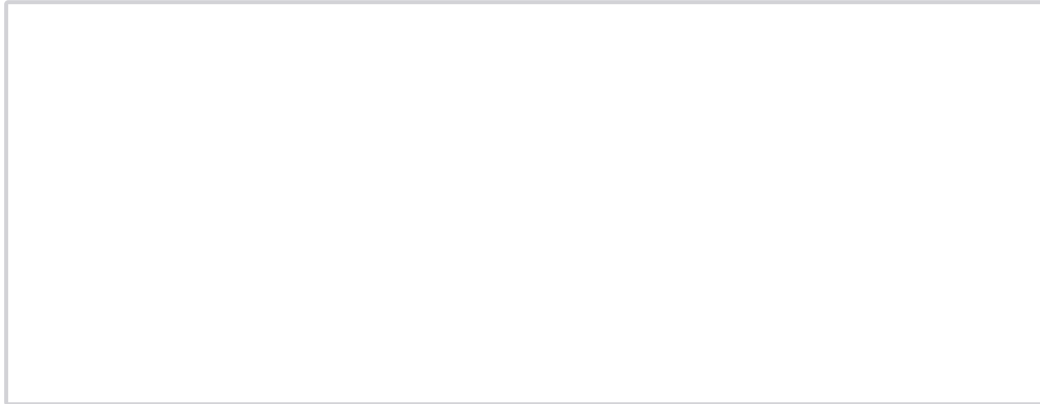
SAMPLE

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 for other UNC trainees in subsequent years).



SAMPLE

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

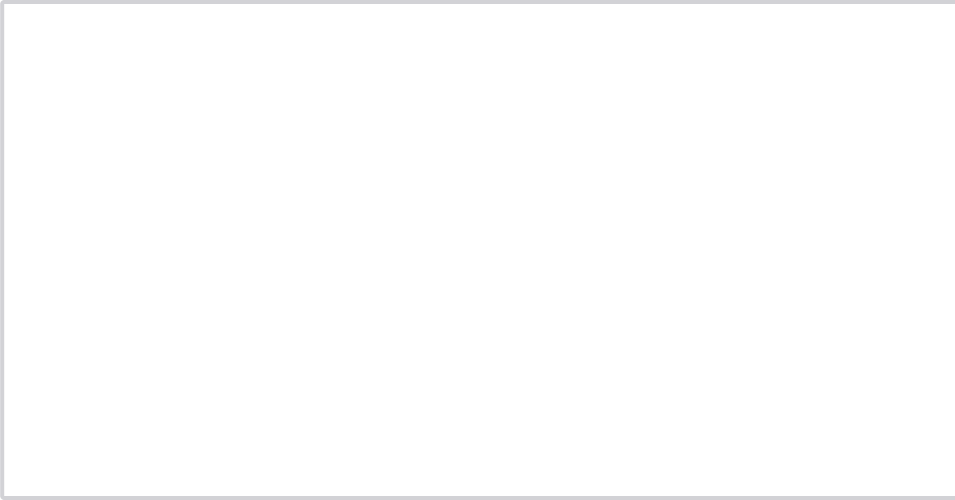
	<b>Dates</b>	<b>Description of Travel</b>	<b>Location/Organization</b>
	ex: 02/2015-04/2015	Research; Personal	Mexico City, Mexico/Universidad Nacional Autónoma de México
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>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

SAMPLE

## **SUPPLEMENTAL MATERIALS**

Please provide your CV / Resume in the textbox below.



**References**

**Signature**

SAMPLE

## REFERENCES

This application requires two letters of recommendations. **Applications are due February 15, 2018. Letters of recommendation are due March 1, 2018.** Upon submission of this application, an automatic email will be sent directly to the references prompting them to complete the letter of recommendation. Once submitted, the recommenders will receive an email confirming receipt of their letter on your behalf.

**Host-site Contact:** This person must be the on-site preceptor, supervising physician, researcher, or host-site mentor overseeing your daily involvement for the duration of the rotation. This individual should comment on your suitability for the elective, your candidacy for scholarship support, and the training quality of the international site.

Name of hosting institution overseas

First Name

Last Name

Title

Email Address

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's Office of Student Affairs about my academic standing in the program. I give my permission for the committee to review all materials pertinent to my application for this scholarship. I also agree to purchase the required travel insurance providing repatriation and medical evacuation for a period covering the duration of my travel abroad, to register with the UNC Global Travel registry and to complete all other OIA paperwork and processes involved for UNC medical students traveling. I also understand that I must satisfy all other 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 family background, gender identity, racial or ethnic identity, sexual orientation or socio-economic status.

We are collecting data to support programing of new initiatives to open access and we need your help! Please answer the following questions. Your answers to this section **will not** be seen by the review committee and **will not** be used to evaluate your application. 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

SAMPLE

Please indicate the gender with which you identify.

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

Please indicate the sexual orientation with which you identify.

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Prefer not to answer
- Not listed above

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

SAMPLE

Please indicate your partnership/relationship status.

- Divorced
- Domestic partnership
- Married/civil union
- Separated
- Single
- Widowed
- Prefer not to answer
- Not listed above

SAMPLE

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

Please indicate the total estimated household income of your family (If a dependent, include your parent(s)/guardian(s), if independent, include yourself and your spouse/partner, if applicable).

Please indicate the highest level of education either of your parent(s)/guardian(s) have completed.

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

SAMPLE

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. Your responses will be analyzed in aggregate form by program staff to develop global opportunities to address barriers to participation.

SAMPLE

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

Powered by Qualtrics