

Resident Physician Global Health Travel Awards Application (2023-2024)

Please visit the [Office of Global Health Education website](#) for a full description of requirements.

1. SUMMARY

Due dates:

September 15/March 15

LOR's due on October 1/April 1

Eligibility

Individual UNC/H resident physicians and fellows under GME applying to the UNC Global Health Travel Scholarship. In order for a resident to apply, applicants must be in good professional standing and commit to a minimum of a two-week global health rotation (four weeks strongly encouraged). Funding for retroactive rotations are not considered. Further, if an applicant has already received a former OGHE global health travel award, they are not eligible to receive another travel award for the same proposal. However, applicants can be funded twice for global health travel for different global health proposals. Awards range between \$500-\$2,000.

Applications and letters of recommendation should be sent to oghe@med.unc.edu in pdf format.

2. CONTACT INFORMATION

First
Name:

Last
Name:

UNC
Email:

UNC PID:

Training Program

Anticipated completion date: mm/yyyy

Proposed Program Start Date:

Proposed Program End Date:

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

3. GLOBAL HEALTH ELECTIVE INFORMATION

Elective/Travel Location (City, Country/ies):

Languages Spoken On-site:

4. ADDITIONAL FUNDING

List other funding you have received, applied for, or that you plan to apply for in support of this project.

Organization/Department	Description/Additional Information	Amount (In US Dollars)	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add more rows if needed.

5. BUDGET

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

	Item ex: Airfare	Description/Explanation RDU to London, UK	Amount (In US Dollars) 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"/>

Total Funding Requested

6. Budget Justification (optional)

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

7. ESSAY & SHORT ANSWER QUESTIONS (Limit 1,500 words)

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.

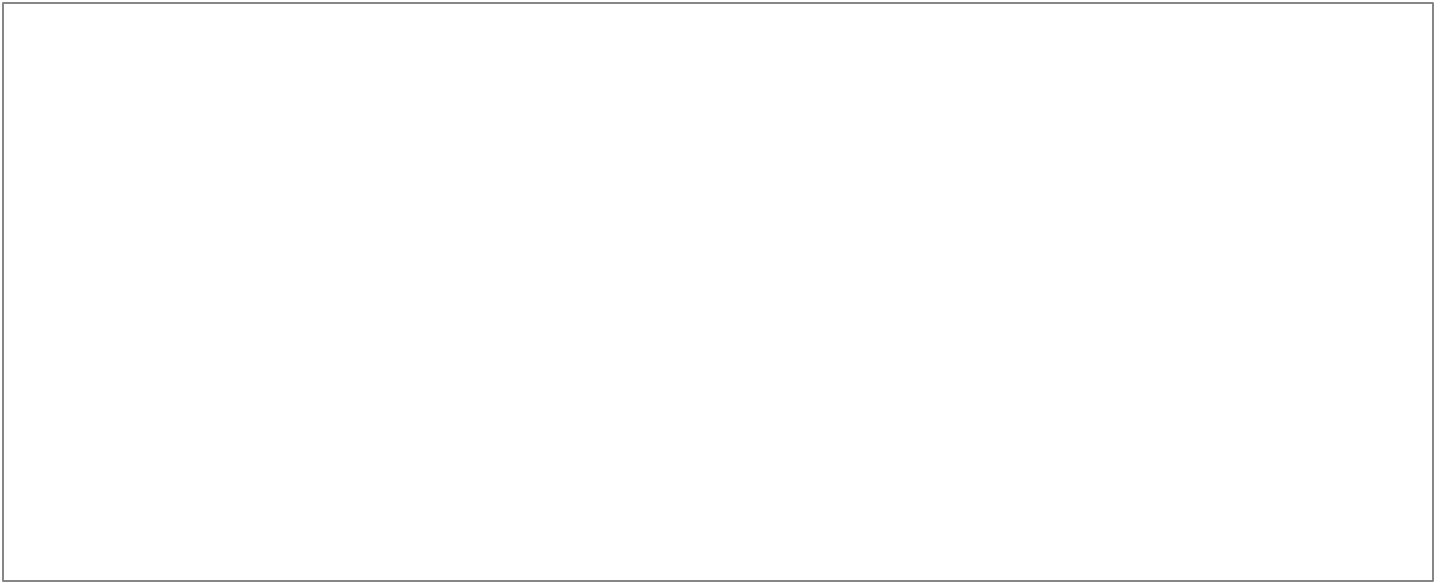
1. **For research:** Project description; faculty support; funding needs; and plans for IRB approval.
2. **For public health-focused projects:** Project description; faculty support; funding needs and plans for IRB approval if any research involved.
3. **For clinically focused programs:** Anticipated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

8. RATIONALE FOR CHOSING SITE

9. IDENTIFY AT LEAST 3 LEARNING OBJECTIVES:

**10. DESCRIBE ONSITE SUPERVISION APPROPRIATE TO RESIDENCY/
FELLOWSHIP TRAINING**

11. DISCUSS LANGUAGE BARRIERS AND HOW YOU PLAN TO MITIGATE THEM



12. SUSTAINABILITY

Discuss the likelihood of a continued relationship/partnership with this site for yourself or other trainees in subsequent years.



13. DESCRIBE YOUR GLOBAL HEALTH EXPERIENCE

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.

	Dates	Description of Travel	Location/Organization
	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"/>

14. SUPPLEMENTAL MATERIALS

Please add your CV / Resume as a PDF file using the following: "LAST, First _CV" to your application email.

15. REFERENCES

Please request two LOR (see forms and instructions [here](#)).

16. INTEGRITY STATEMENT AND SIGNATURE

I hereby certify that the information I provided in this application is accurate, and that I have reviewed all requirements and submitted all required documentation in an email to oghe@med.unc.edu in pdf format. (This application, 2 requests for LOR's, CV).

Signature

Date