2024 OGHE Resident Global Health Scholars Program

## This application is for eligible UNC Resident Physicians and Fellows with at least one year remaining in their training program and with approval from their program to begin the GH scholars program in July 2024.

OVERVIEW

**UNC Office of Global Health Education- Resident Global Health Scholars Program**

Please Read Below Carefully!!!

**Visit the** [**Global Health Scholars program webpage**](https://www.med.unc.edu/oghe/global-health-opportunities/resident-physicians/global-health-opportunities/) **for deadlines and notification deadlines.**

**Eligibility**: Trainees must have at one year of postgraduate training time remaining, be in good professional standing and have the approval and support of their Program Director to apply and travel for 2-4 weeks. Applicants must commit to traveling internationally for 2-4 weeks in duration over the program timeline and have the ability to meet all program requirements outlined on the OGHE Global Health Scholars website.

This is a highly competitive program and preference will be given for those with an invested commitment to global health practice and research.

**All application components must be submitted via email to** [**oghe@med.unc.edu**](mailto:oghe@med.unc.edu) **by the** [**posted deadlines**](https://www.med.unc.edu/oghe/global-health-opportunities/resident-physicians/global-health-opportunities/) **to be considered for funding:**

1. **This application form - including the project budget & expenses, name of LOR writers and signature**
2. **Attachments**
   1. **CV/Resume**
   2. **Purpose Statement**
   3. **Project Description**
3. **Letters of Recommendation from 2 writers -** (1) Your PI or project mentor (2) Your Residency/Fellowship Program Director

**Important note\***

Applications and letters submitted after the deadline will be considered invalid. Please do not request special exceptions. You will receive confirmation of receipt of materials within a few business days of submission.

Program Contact: Heidi White, 3319 Roper Hall, [heidi\_white@med.unc.edu](mailto:heidi_white@med.unc.edu) or [oghe@med.unc.edu](mailto:oghe@med.unc.edu)

CONTACT INFORMATION

**All fields must be filled in by typing beside the prompt/question. Please write "N/A" if not applicable.**

1. Applicant's First Name:
2. Applicant’s Last Name(s):
3. Applicant’s Preferred Name:
4. Email:
5. PID:
6. Training Program:
7. Current Training Level Expected Program Completion *Month/Year):*
8. Anticipated Travel Dates to carry out your project. (You can address this further in your purpose statement.):
9. Anticipated site of proposed project: *City, Country:*

**GLOBAL EXPERIENCE**

1. Have you been involved in previous global health experiences? (i.e. excluding personal travel) \_\_\_ Yes \_\_\_ No
2. Please describe your global experience in the chart below. For example, clinical experience, research, community health, any leadership role. If you are unsure of the specific dates, please provide your best estimate.

|  |  |  |
| --- | --- | --- |
| Dates | Description of Travel | Location/Organization |
| EX: ex: 02/2015-04/2015 | HIV Research | Mexico City, Mexico/Universidad Nacional Autónoma de México |
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1. Flexibility and adaptability are necessary when working in an international setting that may be resourced differently than what you may be accustomed to. Please describe a specific example of a time when you were able to demonstrate flexibility and adaptability and why. (1 page limit)

### PROPOSAL BUDGET & EXPENSES

1. Provide your program budget expenses in the chart below. Please be as specific as possible.

|  |  |  |
| --- | --- | --- |
| **Item** | **Description/Explanation** | **Amount** |
| *Ex: Airfare* | *RDU to London, UK* | *1100.00* |
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1. **Budget TOTAL =**
2. **Budget Justification** (optional)

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

## Additional Funding Details: Have you applied for or received additional funding that can be used toward your proposed project? If so, please list the funding details.

**Separate Attachments/LORs**

**CV / RESUME**

Please upload your CV / Resume --> (save your file as "lastname\_firstname\_resume" before uploading it)

**PURPOSE STATEMENT**

Please upload your statement --> (save your file as "lastname\_firstname\_statement" before uploading it)

Upload your purpose statement describing your area of interest and your career goals in global health. This can include work/volunteer global experiences, academics, global public health programming or global health-related research. You should explicitly describe how this program will help you achieve your career goals. (1 page limit)

# PROJECT DESCRIPTION

**Global Health Project Description**

Please upload your project description --> (save your file as "lastname\_firstname\_project" before uploading it)

Upload an attachment addressing the following (2 pp max)

 A brief outline of a potential longitudinal project that the Global Health Scholars funding will support, including sections on background, methods for investigation or objectives, a work plan, and outcomes.

 Include a description of your mentor's involvement in global health, their role in your global health scholarly project, and how this aligns with your project proposal.

# LETTERS OF SUPPORT

This application requires two letters of support from your residency/fellowship program director and your faculty mentor.

Letter one from the Residency or Fellowship Program Director indicating approval and attesting the applicant is in good standing and has permission to participate in the OGHE Global Health Scholars Program (including two-four weeks of global travel permitted)

Letter two from a designated faculty contact for global health who will either be serving as the global on-site supervising physician or principal investigator for your proposed project OR a UNC designated faculty for global health who has committed to supervise/mentor the applicant's longitudinal project. This individual should comment on your suitability for the scholars program, your candidacy for scholarship support, knowledge that the hosting site is aware of your proposed project and in-country dates.



**Important note\***

**Unless your residency director is also serving as your project PI or mentor, only applications including two different letters of support submitted will be eligible for funding. Do not request special exceptions or extensions. Plan ahead and communicate accordingly with your letter writers to submit their letters via email to** [**oghe@med.unc.edu**](mailto:oghe@med.unc.edu) **by the letter deadline.**

**Please list the name(s) of the letter writers below:**

* LOR 1 (Residency/Fellowship Program Director):
* LOR 2 (Designated Faculty):

# APPLICATION SIGNATURE

By typing my name or adding my electronic signature below, I authorize the Office of Global Health Education Scholarship Selection Committee to query the Residency/Fellowship Program Director and UNC Office of Graduate Medical Education about my 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 complete all the predeparture travel requirements for [UNC, OGHE, GME](https://www.med.unc.edu/oghe/resident-travel-requirements/). I also understand that I must satisfy all other requirements from my training program, parent clinical department, and/or Office of Graduate Medical Education. Additionally I understand that if I am accepted as a Global Health Scholar the $4,000 award may be taxable.

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Signature Date