

LOGO

Resident Physician Global Health Travel Scholarship Application

Please visit the OIA website for a full description of requirements for the OIA-GME co-spons programs and to [review a sample of the complete application](#). Once you begin the application you will not be able to navigate backwards within the application.

Summary**SUMMARY**

FUNDING APPLICATION: Resident Physician Global Health Travel Scholarship

Fall Funding Applications Deadlines

- Resident online application: September 15
- Two Letters of Recommendation: September 22

Spring Funding Application Deadlines

- Resident online application: February 15
- Two letters of recommendation : February 22

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 academic standing and commit to a minimum of a two week global health rotation.

weeks strongly encouraged). Funding for retroactive electives are not considered. Further, if an applicant has already received a global health travel award from us, they are not eligible to receive another travel award for the same project. However, applicants can be funded twice for global health travel for different global health proposals. Awards range between \$500-\$2,000.

Important note*

Only completed applications including both letters of recommendation submitted via the Qualtrics application will be reviewed for funding. Applications and LORs submitted to our office via any other method will not be considered. Do not request special exceptions or extensions. Plan ahead.

Program Contact: [Shay Slifko](#)

Contact Information**CONTACT INFORMATION**

First Name:

Last Name:

Permanent Home Address:

City:

State:

Zip:

Phone:

Pager:

UNC Email:

Permanent Email:

Enter non-UNC email address.

UNC PID:

UNC Onyen:

Training Program

Anticipated date for
completion of
residency/fellowship program
month/year

Program Details

PROGRAM DETAILS

Rotation Travel Location

Please select all of the countries to which you will travel for this proposed elective time.

SAMPLE

Languages Spoken On-site:

(Hold CTRL to select multiple items)

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

SAMPLE

Total Travel Dates (*example: June 1-June 30, 2020*):

Travel Dates

Proposed Rotation Start Date:

Proposed Rotation End Date:

Additional Funding

ADDITIONAL FUNDING

Provide information on other funding sources you have received, applied for, or that you plan to apply for in support of you

Additional Funding Details

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

Budget

BUDGET

Provide your elective-related budget expenses below. Please be as specific as possible.

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

Line-Item Budget Total

Total Funding Needed? (in order for you to commit to the time away)

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. 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 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 or education projects: Project description; faculty support; funding needs and plans for IRB approval; and research involved.
3. For clinically-focused programs: Anticipated patient-care responsibilities and supervision, and plans for scholarly activity.

Explain the rationale for choice of selected global health site.

Identify at least **THREE** specific learning objectives.

Discuss the political stability of the host country, the potential safety and/or health risks, and what steps will be taken to mi



On-site supervision appropriate to residency/fellowship 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 trainees in subsequent years).

Describe your previous global health experience using the following details: Location, organization, and your role. For example, clinical experience, research, community health, any leadership role. If unsure of the specific dates, please provide your best estimate. List the dates starting with the most recent.

	Date	Description of Travel	Location/Organization
	ex: 02/2015- 04/2015	Research; Personal	Mexico City Mexico/Universidad Autónoma de
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"/>

Essay

SUPPLEMENTAL MATERIALS

Please upload your CV / Resume as a PDF

References

PROFESSIONAL REFERENCES

This application requires two different letters of recommendation. Upon submission of this application, based on the email you enter below in the references' email address, an automatic email will be sent directly to the references prompting them the letter of recommendation in your online portal. Once they submit their letter in the application portal, the references will email confirming receipt of their letter on your behalf and the applicant will also receive an email verifying the letter of recommendation was received.

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Residency or Fellowship Program Director: attesting that the applicant is in good standing and has permission to travel.

First Name:

Last Name:

Title:

Email:

Host-site Contact: This person must be the on-site preceptor, PI, or host-site advisor overseeing your involvement for the duration of the rotation. This must be a faculty person who will be on location at site. This individual should comment on your suitability for the elective, your candidacy for scholarship and the training quality of the international site.

Name of hosting institution overseas

First Name:

Last Name:

Title:

Email:

By submitting, I authorize the Office of International Activities 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 to 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 UI Travel registry and to complete all other GME paperwork and processes involved for UNC resident physicians traveling. I understand that I must satisfy all other requirements from my training program, parent clinical department, and/or Office of Medical Education.

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 trainees who have access to global opportunities.

This pan-university effort opens access to trainees regardless of their academic discipline, age, disabilities, educational or professional background, gender identity, racial or ethnic identity, sexual orientation or socio-economic status.

We are collecting data to support programming of new initiatives to open access and we need your help! Please answer the

questions. Your answers to this section **will not** be seen by the review committee and **will not** be used to evaluate your ap
Your responses will be analyzed in aggregate form by program staff to develop global opportunities for Carolina trainees.

Please indicate the race/ethnicity with which you identify (mark one or more box).

- ☐ 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

Please indicate the gender with which you identify.

- ☐ Male
- ☐ Female
- ☐ 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

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

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.

Your answers are confidential and respondents will remain anonymous in all data reportings.

Select any of the barriers listed below that have kept you from participating in global opportunities abroad.

- ☐ Training program requirement
- ☐ Lack of administrative support
- ☐ Didn't know about opportunities
- ☐ Applied for programs but was not accepted
- ☐ Worried I wouldn't complete my training program 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 for my medical training
- ☐ Didn't see myself as the kind of resident who could travel abroad
- ☐ Lack of peer support
- ☐ Lack of Residency Program 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](#)
- ☐ Fellow program resident
- ☐ Residency Program faculty
- ☐ OIA Email
- ☐ OIA Staff/Faculty
- ☐ OIA Global Health Forum
- ☐ GME Office
- ☐ Other/not-listed (please indicate below)

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