***Office of Global Health***

***Application for Global Health Funding***

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| --- | --- |
| Name: | Year: |

|  |  |
| --- | --- |
| Address to where stipend should be mailed: | Phone: |
|  | Email: |
|  | Citizenship: |
|  | A#: |
| Current Passport? Yes No |  |
| **Country of Issuance** |  |

|  |  |
| --- | --- |
| Proposed site(s) facility/program name: |  |
| Address: | Telephone: |
|  | Fax: |
|  | Email: |
| Name & Titles of Sponsor(s) Abroad |  |
| Proposed Dates | To:  From: |

By signing this application I attest to an understanding that the awarding of Rutgers-RWJMS funds to support my participation in an international summer program does not in any way imply responsibility, support, or endorsement for any such program in which I participate. I release and hold harmless Rutgers-RWJMS, their employees, faculty, and agents from any and all liability which may arise from my travel, lodging, or participation in such program.

I agree to adhere to the RWJMS honor code, ethics, and professionalism requirements while abroad and in all interactions with hosts, healthcare professionals, staff, patients, and others with whom I interact.

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| --- | --- |
| Signature of Applicant | Date |

|  |  |
| --- | --- |
| Signature of RWJMS Interviewer | Date |

***Application for Global Health Funding (continued)***

**BEFORE you travel**

**3**

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| Please submit additional documents with application. | **Section A:**  (During Meeting with Office of Global Health) | **Section B: Due Before your trip:** |
| Schedule meeting with Office of Global Health. Dr. Gitau and Ms. Rozario | Attend all required pre-travel meetings. |
| Description of career goals and the relevance of this Global Health Experience to them. | Obtain insurance and submit proof to the Office of Global Health. ***\*see note below*** |
| Evidence of familiarity with the language and culture of the proposed site. | Fill out a request to participate in an “Externship Form” and return to Student Affairs (only M1 students). |
| An estimated budget (include trip funding from other grants, awards, scholarships). | Written approval of sponsor abroad (non-RWJMS programs). |
| Submit CV (if attending a RWJMS Program) | Application for Global Health Funding – on a rolling basis |
| Detailed description of proposed project or program attending (non-RWJMS programs). |  |

**AFTER you travel**

|  |  |
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| Fill out a post-travel questionnaire in a timely manner. | Create a poster and present it at the Global Health Fair in the fall. |
| Send a thank-you note to the grant donor in a timely manner. | Create a short (1 page) narrative describing your summer experience, including pictures, and send it to the Office of Global Health in a timely manner. |

**\*Insurance**:

Health Insurance:  Before you go, you are required to purchase international travel insurance. This is a core requirement in spite of other insurance you may have. The following link will give you information on International Travel Insurance and SOS.   <http://riskmanagement.rutgers.edu/student-information/international-travel-insurance>

Please check the Office of Global Health’s website or contact Christina Rozario [rozaricm@rwjms.rutgers.edu](mailto:rozaricm@rwjms.rutgers.edu) for additional details.

Sometimes, programs ask for **civil responsibility** **insurance.** This is the same as liability coverage that the school provides to each student. Student Affairs ([studentaffairs@rwjms.rutgers.edu](mailto:studentaffairs@rwjms.rutgers.edu)) should be able to provide the office with a copy of the letter stating students have liability coverage.

I agree to the terms listed above in order to receive my stipend for international study.

|  |  |
| --- | --- |
| Student’s Signature | Date |