**Dr. John and Suzanne Park Travel Fund Scholarship Application**

**Purpose:**  
The Dr. John and Suzanne Park Travel Fund provides financial support for medical students to participate in **medical mission trips or other service programs abroad**. This fund aims to broaden cultural competency and increase awareness of global health issues. The scholarship prioritizes the student traveling with Dr. John Park. If no student can travel with Dr. John Park, the funds will be split between two students who participate on a medical mission trip or other service abroad. Awards are based on academic merit and financial need, in accordance with university policies.

**Scholarship Coverage:  
The scholarship is intended to fully cover one student’s expenses, including but not limited to travel, lodging, and food, for participation in Dr. Park’s mission trip. If no student travels with Dr. Park, the funds will be available to support two students participating in a mission trip. The amount of the Scholarship is $5000. Eligibility Criteria:**

* Must be a currently enrolled RWJ medical student in good academic standing.
* Must demonstrate financial need, as determined by university financial aid policies.
* Must be participating in a medical mission trip or service program that aligns with the scholarship’s purpose.
* Preference will be given to student traveling with **Dr. John Park**.

**Application Requirements:**

1. **Personal Information**
   * Full Name:
   * University ID:
   * Email Address:
   * Phone Number:
   * Year in Medical School:
2. **Academic and Financial Information**
   * Are you currently receiving financial aid? (Yes/No)
   * Briefly describe your financial need (300 words max, optional).
3. **Travel Cost Estimator Table** for the **Dr. John and Suzanne Park Travel Fund** to help applicants estimate their expenses. Please Fill out this Estimate if not traveling with Dr. John Park.

| **Expense Category** | **Estimated Cost (USD)** | **Notes** |
| --- | --- | --- |
| **Airfare** | $XXXX | Round-trip international flight |
| **Visa & Travel Fees** | $XXXX | Visa application, travel permits |
| **Lodging** | $XXXX/night | Based on mission location and duration |
| **Meals** | $XXXX/day | Estimated cost of food during the trip |
| **Local Transportation** | $XXXX | Airport transfers, in-country travel |
| **Medical Insurance** | $XXXX | Travel health insurance |
| **Vaccinations/Medications** | $XXXX | Required immunizations, malaria prophylaxis, etc. |
| **Miscellaneous** | $XXXX | Personal expenses, emergency costs |

1. **Total Estimated Cost:** **$XXX**
2. **Mission Trip/Service Program Details**
   * Program Name:
   * Destination Country:
   * Travel Dates:
   * Description of Activities and Expected Impact (500 words max).
   * Will you be traveling with Dr. John Park? (Yes/No)
3. **Essay Question**
   * In 500 words or less, describe how this experience will enhance your cultural competency, contribute to your medical education, and impact your future career in global health.
4. **Letter of Recommendation**
   * One letter of recommendation from a faculty member or supervisor familiar with your academic work and commitment to service.
5. **Resume or CV**
   * Attach a current resume or CV highlighting relevant experiences.

**Application Deadline:**  
**May 20th 2025: Applications sent after 12 midnight May 20th 2025 will not be accepted.**

**Submission Instructions:**

* Submit the completed application and supporting documents via globalhealth@rwjms.rutgers.edu
* Incomplete or late applications will not be considered.
* For questions, please contact globalhealth@rwjms.rutgers.edu