

Burnap/Lyons Global Health Fellowships

I. PERSONAL INFORMATION

Name (as it appears on passport) and Geisel class: Destination:

Local Address:

Permanent Address:

Local Phone:

Permanent Phone:

Are you able to perform the essential functions of the fellowship for which you are applying?

For tax purposes, in what countries do you hold citizenship?

Health and Emergency Evacuation Insurance: Dartmouth College provides full health and emergency evacuation coverage anywhere in the world through International SOS for Geisel medical students.

Are you enrolled in the DSGHP? Yes_____ No._____

If you answered no, provide documentation that you are fully covered for health care abroad and for emergency evacuation.

II. EMERGENCY CONTACT INFORMATION

Name:

Relationship to you:

Address:

Phone (home):

Phone (work):

E-mail:

III. PAST GLOBAL HEALTH EXPERIENCE

Prior global health related experiences. *Please note time commitment for each.*

Educational training you have had in Global Health. *Please note time commitment for each:*

Languages: (1=beginner, 3=conversational, 5=fluent) Read Write Speak

- o
- o
- o

IV. PROPOSED GLOBAL EXPERIENCE

Location of proposed experience:

Start and end dates of proposed experience:

On two (2) pages or less, please describe in detail:

1. your proposed project and its goals
2. your role in the project
3. methodology you plan to use
4. motivation for and interest in your proposed global health experience
5. how your experience will *serve the needs of the community* in which you will be working. What kind of long-term effect do you anticipate, if any?

Geisel Faculty Mentor:

Name:

Department:

Foreign-Site Supervisor:

Name:

Institution (if applicable):

Department (if applicable):

Address:

Phone (as dialed from USA):

E-mail address:

Plans for your housing accommodations:

V. BUDGET

Please complete the following budget worksheet of applicable expenses to the best of your ability as of this date. Please include justification for the expenses where necessary.

		<u>ANTICIPATED EXPENSES</u>
oTravel:	airfare	\$
	ground transportation	\$
oLiving:	housing	\$
	food	\$
	miscellaneous / other: _____	\$
oInternational University/ Institutional/ Program Fees		\$
oPreparatory:	Immunizations	\$
	Fees: Legal/ Visa, etc.	\$
oOther: _____		\$
oOther: _____		\$
ESTIMATED TOTAL COST:		\$

o Have you applied for or expect to receive funding from other sources?

(Please identify the source as well as the amount.)

Source: \$

Source: \$

TOTAL OTHER SOURCES: \$

TOTAL FUNDING REQUESTED: \$

Submit to application to:

Michelle B. Chamley
Office of Financial Aid
Geisel Medical School
Hanover, New Hampshire 03755
Telephone: (603) 650-1572
e-mail: Geisel.Student.Affairs@Dartmouth.edu