

**MASSACHUSETTS CHAPTER
OF
THE AMERICAN ACADEMY OF PEDIATRICS**

International and Developing Nations Health Studies Grant Program

Application Form

Part 1 - Applicant Information

Name: _____

Social Security #: _____ **AAP Member #:** _____

I am a: ___ **Pediatric Resident** **Year:** _____

 ___ **Medical Student** **Year:** _____

Mailing address: _____

Phone: _____ **e-mail:** _____

Pediatric Residency Program or Medical School (name and full address):

Name of Pediatric Faculty (dean, advisor or supervisor) at your institution who has approved this elective or project:

Supervising faculty must submit:

- *A letter of support to accompany this application*
- *A letter attesting to pediatric resident's/medical student's completion of the program to accompany the applicant's follow-up report*

Massachusetts Chapter of the American Academy of Pediatrics
International and Developing Nations Health Studies Grant Program Application Form
Page 1 of 5

Host country, city/region: _____

Identify the population served by this program: _____

Host institution (attach descriptive materials of program or institution if available):

Identify the type of facility (hospital, clinic, etc.) at which you will work:

Host institution mailing address: _____

Telephone number (and website if available): _____

Host Preceptor/Supervisor: _____

Mailing address: _____

Telephone number: _____

E-mail address: _____

Massachusetts Chapter of the American Academy of Pediatrics
International and Developing Nations Health Studies Grant Program Application Form
Page 2 of 5

Dates of participation in program: _____

Program total cost: \$ _____ **Travel:** \$ _____ **Lodging:** \$ _____

Is your participation in this program funded by any other scholarships or grants?

_____ **Yes** _____ **No** **If yes, what is the cost?** \$ _____

What needs/challenges does this project address: _____

Identify what services you will provide as part of your participation in this program:

Will there be a language barrier? How will you communicate with staff and patients?

Massachusetts Chapter of the American Academy of Pediatrics

International and Developing Nations Health Studies Grant Program Application Form

Page 3 of 5

Please attach a brief (300 words maximum) summary of your career plans and how this experience will complement those plans.

Application checklist:

- **Letter from supervising faculty (see attached form)**
- **Descriptive information about the program (e.g. program brochure, program history and mission)**
- **A summary (300 words or less) of your career plans and how this experience will complement those plans**
- **The application must be submitted at least 30 days prior to travel.**
- **This page with signature of pediatric resident or medical student**

Within thirty (30) days of completion of this project, I agree to present (in-person and in writing), a brief report to the Executive Committee of the Massachusetts Chapter of the American Academy of Pediatrics outlining important outcomes and “lessons learned” from my experience, at which time grant monies will be disbursed. I agree to have this report published in the Chapter newsletter, *The Forum*.

Signature of Pediatric Resident or Medical Student

Date

Massachusetts Chapter of the American Academy of Pediatrics
International and Developing Nations Health Studies Grant Program Application form
Page 4 of 5

Massachusetts Chapter of the American Academy of Pediatrics
International and Developing Nations Health Studies Grant Program

Part 2 - Letter from Supervising Faculty

Applicant name: _____

Name of supervising pediatric faculty:

Mailing Address: _____

Telephone number: _____

E-mail address: _____

The above named pediatric resident/medical student has applied for a grant to be used for expenses related to international health study.

Supervising pediatric faculty is asked to submit a letter on institutional letterhead, naming the applicant and the project and attesting that:

- 1) the applicant is in good standing at the pediatric residency program or medical school, and**
- 2) the project has been approved and will be supervised**
- 3) the supervising faculty/preceptor has been identified and has agreed to supervise the applicant.**

Please give the letter and this form to the applicant for inclusion in the application packet.
Please note that in order for the applicant to receive funding, a project supervising faculty must also submit a follow-up letter attesting to the applicant's completion of the program.

Massachusetts Chapter of the American Academy of Pediatrics
International and Developing Nations Health Studies Grant Program Application form
Page 5 of 5