

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

OFFICE OF THE VICE PRESIDENT FOR HEALTH SCIENCES
AND DEAN OF THE FACULTY OF MEDICINE

DR. HAROLD BROWN FELLOWSHIP

TRAVEL GRANT APPLICATION

*Dr. Harold Brown was an internationally recognized infectious disease expert whose teaching at P&S is legendary, as was his effect on P&S students whom he sponsored to travel to international destinations in the developing world. **The P&S Class of 1953 has initiated an endowment that will help support travel by senior P&S students to a site in the developing world for a two month elective. One month electives may be considered, although two months is preferred.** P&S students are awarded up to \$1,000 to meet the travel costs for international travel. The purpose is to give service while learning in an underserved area in a developing or emerging nation. Projects in underserved communities within economically developed countries will **not** be considered.*

Prospective sites and activities must be approved by the Office of Student Affairs. Deadline is July 1 for travel in 1st semester and November 1 for travel in 2nd semester. Bring completed applications to Jessica Ash in Student Affairs.

A. DEMOGRAPHIC INFORMATION

Name _____ SSN _____

Address _____ Phone _____

City, State, and ZIP _____ Fax _____

Date of Birth _____ E-Mail _____

B. EDUCATION

Undergraduate _____ Major _____ Degree _____

Graduate _____ Degree _____

Extracurricular Activities and Honors _____

C. INDICATE YOUR LEVEL OF LANGUAGE COMPETENCY (EXCELLENT, GOOD, FAIR):

Language	1) _____	2) _____	3) _____
Reading	_____	_____	_____
Writing	_____	_____	_____
Speaking	_____	_____	_____

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D. PROPOSAL

Columbia University Sponsor/Advisor _____

Phone _____

E-Mail _____

Proposed subject of study _____

Facility in which you will study _____

Dates of proposed study _____

Name and title of onsite sponsor _____

Address _____

Phone _____

Fax _____

E-Mail _____

E. COURSES AND INTERNATIONAL AND OTHER RELATED EXPERIENCE

F. PLEASE ATTACH ADDITIONAL PAGES WITH THE FOLLOWING:

1. Description of the proposed project
2. Description of your career goals and the relevance of this project to those goals
3. Detailed budget

G. ATTACH LETTER FROM YOUR SPONSOR DESCRIBING THE FOLLOWING:

1. His/Her knowledge and experience in the subject to be studied
2. His/Her academic and clinical affiliations
3. His/Her willingness to supervise you in executing your proposed project

H. ATTACH TWO LETTERS OF RECOMMENDATION FROM CUMC FACULTY

I. ATTACH A LETTER APPROVING THIS PROPOSAL FROM THE OFFICE OF STUDENT AFFAIRS (*Please complete the Extramural Elective Request form.*)

SIGNATURE OF APPLICANT

DATE