

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

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

Conrad George Lattes Fellowship
TRAVEL GRANT APPLICATION

Conrad George Lattes, a respected surgeon from the P&S Class of '63, and Director of the Renal Transplant Program of St. Luke's-Roosevelt Hospital Center, died at the peak of his career. During the year preceding his death, he had begun to plan for the time when he could devote all of his energy to medicine beyond the operating room and his heavy clinical responsibilities. Greatly concerned about medical care for the underserved in many parts of the world, particularly in Asia and Africa, he planned to contribute to medicine and surgery in these areas.

*To bring these plans to fruition, his family and classmates established the Conrad George Lattes Fund as a continuing memorial to carry out the mission he had foreseen. An endowment was created to support annual awards to fourth year students interested in giving service while learning in an underserved area in an underdeveloped or emerging nation, particularly in Africa, Asia, and South America **for at least two months. 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 September 15. Bring completed applications to Val Ambrose 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