

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

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

MILTON B. ROSENBLUTH FOUNDATION

TRAVEL GRANT APPLICATION

*Funding is available for living and/or travel expenses for fourth year students participating in a two- or three-month elective in an underserved region of a developing nation. Students are awarded up to \$1,000 to P&S students to meet the travel costs for international travel. Projects in underserved communities within economically developed countries will **not** be considered. A completed application consists of the original and four copies of this form with the required supporting letters.*

Prospective sites and activities must be approved by the Office of 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