



**Stony Brook
Medicine**

SOM International Travel Alumni Award Application

Deadline Date: March 14, 2015

Today's Date: _____

Name _____

Student ID# _____

Email Address: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____

The School of Medicine Alumni Association is pleased to offer scholarship(s) to students who participate in International Medical Missions organized by Stony Brook Faculty and Staff.

Please list the name of the country to which you will be traveling: _____

Please list the dates you will be traveling: _____

Reason you are interested in participating in the mission: _____

Medical expertise that you hope to provide: _____

Your professional goals for participating in this mission: _____

Your personal goals for participating in the mission: _____

Your approximate expenditures for this trip: _____

Please write a 250 word essay as to why you should receive this stipend (attach with your application):

☐ **I am a student in good standing**



Stony Brook
Medicine

SOM International Travel Alumni Award Application

Deadline Date: March 14, 2015

- ☐ I agree to purchase evacuation insurance
- ☐ I will submit an elective evaluation form on my return.
- ☐ I will present my brief report to the Alumni Board/ Meeting upon my return.
- ☐ All of the information in this application is true to the best of my knowledge.

Signature: _____ **Date:** _____

Please email the completed application to mary.hoffmann@stonybrook.edu or fax it to: 631-632-9626

Please note that the funds awarded will be distributed upon return from the medical mission and copies of the travel receipts and W9 are submitted to Mary Hoffmann.