Student Travel Grant Program

DESCRIPTION
The Student Travel Grant Program provides partial financial support to EVMS students to participate in extracurricular educational learning experiences that are beyond the walls of the school, are not a required component of the curriculum, and for which a student does not receive credit. Such experiences may involve educational, clinical, or research training to acquire or develop new cognitive knowledge or a technical skill. This newly acquired knowledge or skill would then be used to enhance the applicant’s fund of knowledge and professional development.

Grants are to be used for travel to and from the experience and may qualify for incidental expenses related to the experience. Preference will be given to experiences that are directly applicable to a student’s professional development.

ELIGIBILITY
Rising 2nd year medical or health professions students in good standing who have confirmed experiences that have been endorsed by the Vice Dean for Academic Affairs or the relevant health professions program director may apply for grant funds.

AWARDS
Maximum grant awards will be $500 per student per experience.

APPLICATION PROCESS
Applicants should submit a completed application form, Curriculum Vitae, verification from the host training center that the applicant has been accepted for the experience, and an endorsement from the student’s program (MD or HP). Completed applications and all correspondence should be submitted to LittleEM@evms.edu.

DEADLINE
Deadline for submission of the application is 60 days prior to the first date of travel.

REVIEW PROCESS
Awards will be made by a special committee and will be based upon the applicant’s credentials, the merit of the proposed training by the selected host training center, the potential of enhancing the applicant’s skill set, and in some cases, financial need.

AWARD AND POST AWARD PROCESS
1. Upon notification of an award, please schedule an appointment with the Student Affairs Student Services Generalist in order to complete the pre-travel portion of the EVMS Travel Voucher.
2. Upon return:
   a. Provide a written summary, including an evaluation of the experience (critique, educational experience), to the Associate Dean for Student Affairs within 60 days of completing the experience.
   b. Complete the post-travel portion of the Travel Voucher and submit original itemized receipts.

NOTE: Reimbursements will not be issued without prior completion of a Travel Voucher and submission of original itemized receipts.

**Questions regarding this program should be addressed to: Eileen Little (littleem@evms.edu) or Dr. Ann Campbell (campbeae@evms.edu), Office of Student Affairs.
Student Travel Grant Program – Application

A completed application consists of the following. All components can be submitted electronically.

1. The below application form. Your typed name will denote your signature.
2. A copy of your Curriculum Vitae.
3. A letter/email of acceptance from the host institution/training center.
4. Information on the training program, including goals or objectives and schedules. This can be a website link or other documentation.
5. Verification from the Office of Medical Education or a Health Professions Program Director indicating endorsement as a credible professional development experience.

To be filled out by applicant:

Name in full: ________________________________________________________________
Address: __________________________________________________________________

Phone: ___________________________ Email: ___________________________ Current
Specialty of Interest: __________________________________________________________ Program/Year
of Graduation: ______________________________________________________________

Reason for Seeking Experience
(A personal statement of what is to be learned and how it will enhance your medical education and career planning.):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________

By signing this application I am authorizing the Grant Committee to access my personal financial information in the EVMS Financial Aid Office regarding my level of need and debt. I understand this grant award is NOT financial aid and does NOT affect my financial aid during the academic year. Further, I understand that acceptance of this grant may be a taxable event for my personal tax filing responsibility.

I certify that the information I have provided on this application is true and accurate to the best of my knowledge.

Signature of Applicant: ___________________________________________ Date: ______________