

**AMERICAN MEDICAL WOMEN'S ASSOCIATION
AMERICAN WOMEN'S HOSPITALS SERVICE
100 North 20th Street, 4th Floor
Philadelphia, PA 19103
Phone: 215-320-3716 Fax: 215-564-2175**

AWHS OVERSEAS ASSISTANCE GRANT APPLICATION

The AWHs Overseas Assistance Grant provides assistance with transportation costs (airfare, train fare, etc.) up to \$1500 connected with pursuing medical studies in an off-campus setting where the medically neglected will benefit. The Grants are awarded to national AMWA members completing their second, third or fourth year of an accredited U.S. medical or osteopathic medical school or a resident who will be spending a minimum of six weeks and no longer than one year in a sponsored program which will serve the needs of the medically underserved.

The completed application and supporting documentation must be forwarded to AWHs a minimum of four (4) months prior to departure date. The following items must be submitted before an application will be considered:

1. Completed Overseas Assistance Grant Application
2. Letter from the Dean's Office confirming your good standing
3. Letter of Recommendation from a faculty member
4. Evidence of school approval for academic credit and acceptance of responsibility
5. Description of the program prepared by its sponsor or, if no sponsor, by your school or another school accepting responsibility
6. Your 800 to 1,000 word statement
7. Travel Budget (form is not provided by AMWA)

NOTE: See cover letter for details regarding items 5, 6, and 7.

At the conclusion of the study, the Overseas Assistance Grant recipient must submit:

1. A 2500 word essay telling of her experiences.
2. A final expense report with receipts for all travel expenses over \$25.00 incurred traveling to and from the site.

Name: _____ **Social Security #:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Current Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email address: _____

Destination: _____

Departure Date: _____ **Length of Stay:** _____

TWENTY-FIVE WORD SUMMARY OF ACTIVITY WHILE THERE: _____

ACADEMIC AND PROFESSIONAL HISTORY

<u>Name</u>	<u>Matriculation</u> Month/year	<u>Graduation</u> month/year	<u>Degree</u>
Undergraduate College: _____	_____	_____	_____
Medical School: _____	_____	_____	_____
Other Schools: _____	_____	_____	_____
Planned Specialty: _____			

Do you have any disabilities or chronic illnesses that might affect your ability to complete this project? _____

PERSONAL REFERENCES

Please provide two personal references:

1. Name: _____
Address: _____
Telephone: _____
Email: _____

2. Name: _____
Address: _____
Telephone: _____
Email: _____

Return completed AWHs Overseas Assistance Grant Application and all required documentation to:

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AWHS OVERSEAS ASSISTANCE GRANT

One recent recipient of the Overseas Assistance Grant awarded by the American Women's Hospitals Service wrote, "I am anticipating the realization of a dream I have had for a long time practicing medicine in an underserved and culturally rich part of the world." To help make dreams like this a reality, AWHS provides assistance with transportation costs (airfare, train fare, etc.) up to \$1500, connected with pursuing medical studies in an off-campus setting where the medically neglected will benefit.

The Grants are awarded to national AMWA members completing their second, third, or fourth year of an accredited four-year U.S. medical or osteopathic medical school or a resident who will be spending a minimum of six weeks and no longer than one year in a sponsored program which will serve the needs of the medically underserved.

The program must be sponsored by your school, another school, or an outside agency or, if there is no sponsor, it must be a program for which your school takes responsibility and provides academic credit.