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**Global Health Initiative Grant Application**

Thank you for your application for funding from the Sigma Rho Chapter Global Health Initiative Fund.

The aim is to support service activities that promotes health in local communities across the world and to advance Rho members’ scholarship and leadership development. Grants are available up to $500.

**Name:**

**Email:**

**Phone (mobile) : Phone (work):**

**Job title and employer OR if student, program & expected graduation date:**

**Are you applying for a rotation/project outside the United States? \_\_\_Yes \_\_\_No**

**When do you plan to start your rotation/project?**

**Have you applied or will you be applying for other funds to support this experience? \_\_\_Yes \_\_\_No**

**(Students): Faculty leader for this project: (name, title, contact information)**

**Please attach the following documents to your application:**

* Resume or CV (doc, docx, or pdf)
* Budget Form (Download form from Rho Grants page)
* Statement of purpose to address the following (500-1000 Words):
  + Purpose and goals of the proposed project or experience
  + The feasibility of the proposal, including information about any preliminary contacts at the site(s) of the proposed project and arrangements for accommodation
  + The location and any supervision and/or agency involved in the experience
  + How your project or activities will benefit or serve the local community of your project
  + Previous travel overseas, and experience in community service or civic participation
  + What you expect to gain professionally from the proposed experience and how this will contribute to your professional future
  + How you intend to share this experience with others

**FUNDING AGREEMENT:**

*Please initial statements #1 and #2 below and add signature and date.*

1. \_\_\_\_ The information included in this application is correct to the best of my knowledge

2.\_\_\_\_ If I am approved for an award, I understand that I must submit verification of expenses to the Rho Treasurer to receive reimbursement. The Treasurer will reimburse expenses after required verification is received.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Students) Faculty project leader signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send completed application to Rho Chapter Administrative Assistant***

Mary DeBardeleben, Nursing Professional Development & Education Michigan Medicine

300 N. Ingalls – Suite 6B12

Ann Arbor, MI 48109-5436