

2020 St Jude / PIDS Global Health Sessions (GHS) – Travel Scholarship Application

(This form must be completed in its entirety, signed, and submitted with the required materials to cphillips@idsociety.org by Monday, January 6, 2020. Complete applications include the applicant's information and signature as well as the sponsor's signed statement.

Please complete electronically

APPLICANT INFORMATION

Last Name _____

First Name _____ Middle Name or Initial _____

Email address: _____

(Check either medical student or resident box below to indicate current training status)

Resident and current year of training __ PL _____

OR

Medical Student and current year of training __ MS _____

Institution _____

City _____ State _____

Zip Code _____

Province (if applicable) _____

Department _____

Sponsor's complete name (please refer to page 3) _____

How did you learn about this travel scholarship opportunity? _____

Statement of Purpose. Please address each of the items below. Please limit responses to space provided using an 11pt or greater font.

1. Describe your interests in pediatrics, infectious disease, and global health and ways in which you have thought about pursuing both in your training.
2. Describe your current and / or past experiences in global health. If no experience, describe an experience that you hope to have in global health.
3. Describe your current and / or past experiences in pediatrics and if applicable infectious disease. If no experience, describe an experience that you hope to have in pediatrics and an experience that you hope to have in infectious disease during your training.
4. Describe how you would benefit from receiving a travel scholarship to attend the 2020 St Jude / PIDS Conference <https://www.pids.org/meetings-and-events/st-judepids-conference.html>

Sponsor's Statement of Support

Please request that your program director or supervisor complete the following and return the signed statement from your sponsor as part of your application.

To be completed by the sponsor:

I understand that [insert full legal name] _____ has applied for a 2020 St. Jude/ PIDS Global Health scholarship that will provide \$750 toward travel and lodging expenses associated with attendance at the 2020 St Jude / PIDS Conference <https://www.pids.org/meetings-and-events/st-judepids-conference.html>.

If selected, I give permission for [insert full legal name] _____ to attend the conference on March 13-14, 2020. I understand that travel scholarship recipients are required to attend and participate in all sessions on Saturday, March 14, 2020 and are encouraged to attend the St. Jude/PIDS meeting in its entirety. If selected to receive a travel scholarship, I release [insert full legal name] _____ from all clinical and educational responsibilities on March 13-14, 2020.

I further support [insert full legal name] _____'s application for the travel scholarship and participation in the global health sessions of the 2020 St Jude / PIDS Conference.

Signature: (electronic is acceptable): _____

Printed legal name: _____

Degree(s): _____

Relationship to applicant: _____

Email address: _____

Telephone (with area code): _____

Institution name: _____

Institution city: _____

Institution state/province: _____

Applicant's Attestation

By submitting this application, I commit to attending and participating in the global health sessions of the St. Jude/PIDS conference held on Saturday, March 14, 2020 in their entirety. I further commit to completing any post-conference evaluations when requested. To receive my scholarship, I understand that I am responsible for submitting receipts to Christy Phillips at cphillips@idsociety.org by Friday, March 20, 2020. I understand that only travel and lodging expenses up to \$750 will be reimbursed. I also understand that I am personally responsible for any expenses above \$750 incurred by my participation in the 2020 St. Jude/PIDS conference. If selected for the scholarship, I grant permission to St. Jude and the Pediatric Infectious Disease Society (PIDS) to include my name and email address in communications related to conference planning and organization. I further give permission to St. Jude and PIDS to use any information, with removal of personal identifiers, that I provide as part of this application and in follow up communications related to the conference in publications in the future.

Legal name printed _____

Signature (electronic permitted) _____

Date _____

Email address: _____

Telephone (with area code): _____

Institution name: _____

Institution city: _____

Institution state/province: _____

Please provide the name, telephone number, and relationship of an individual who may be contacted in case of an emergency situation.

Emergency contact name: _____

Emergency contact telephone (with area code): _____

Relationship of emergency contact: _____