

THE UNIVERSITY OF MANITOBA FACULTY OF MEDICINE - STUDENT APPLICATION FORM 2020
ALAN KLOSS MEMORIAL PROGRAM FOR HEALTH EQUITY TRAVEL AWARD

Medical College Graduation Year: 201__ Student Name: _____

Telephone # _____ Email (UM): _____

Student Mailbox # _____ Email (other): _____

Start date: _____ (yyyy/mm/dd) End Date: _____ (yyyy/mm/dd)

Elective Location (town/country) _____

Host Institution / organization (if applicable); _____

Supervisor: Name _____ Position: _____

Address _____ Phone contact: _____ email: _____

Brief description of proposed experience / activities: _____

Have you been to this location before (explain): _____

Estimated total cost of trip (travel, accommodation, other): _____

Amount requested from Alan Kloss (Amount awarded dependent on available funds and number of applicants, max \$1900. Reimbursed with receipts) : _____

What are other sources of financial support for this? (if applicable): _____

With this form please include a brief essay of your interests in global or Indigenous health, learning objectives and outline the academic and personal goals you wish to attain (up to 2 pages total).

I am a medical student enrolled & in good standing at College of Medicine, FHS, University of Manitoba.

Signature of Student: _____ Date: _____ (yyyy/mm/dd)

Submit completed application form **with** essay by **application deadline** (on accompanying document) or any other request to:

Dr. Sarah Lesperance, Director AKMP at Dept Community Health Sciences, S113-750 Bannatyne Ave or to slesperance@mymts.net

FOR OFFICE USE ONLY

Date received: _____ **Approved:** Yes No **Student notified:** Email Hard Copy
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