



# Global Health Education Fund **International** **Rotation Scholarship**

**Forms must be submitted and approved prior to your departure Please send completed forms to [nnagib@wellspan.org](mailto:nnagib@wellspan.org)**

## Personal Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Residency: \_\_\_\_\_  
Year: 1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      4<sup>th</sup>      5<sup>th</sup>

## Previous Experience

Do you have previous international experience with mission work or volunteer work?      Yes or No  
If yes, please briefly describe your experience.

## International Rotation Information

Destination: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Organization/Hospital/Clinic: \_\_\_\_\_  
Supervising Physician: \_\_\_\_\_  
Board Certified:      Yes      No  
Specialty: \_\_\_\_\_  
Evaluating Physician: \_\_\_\_\_  
Board Certified:      Yes      No  
Specialty: \_\_\_\_\_  
Total Cost of Trip: \$ \_\_\_\_\_  
How much funding are you applying for?  
\$ \_\_\_\_\_ (max \$1000)

## International Rotation Purpose

1. Please briefly describe the setting, learning objectives, conditions and population that you will be serving abroad?



# Global Health Education Fund **International** **Rotation Scholarship**

## Acknowledgements

Initial:

- \_\_\_\_\_ I attest that all of the information contained in this application is accurate.
- \_\_\_\_\_ I understand that I will be required to give an education presentation to my fellow residents or members of the Global Health Education Board and will notify the Global Health Education Board of when this will occur.
- \_\_\_\_\_ I understand that I am responsible for coming up with the remainder of the costs of the international rotation.

---

Signature of Applicant

## Program Director

\_\_\_\_\_ (resident applying) has discussed his/her plans to participate in an international rotation. I believe that this rotation will be educationally valuable and approve of her/him participating.

The time taken for this rotation is considered:

- \_\_\_\_\_ Education time
- \_\_\_\_\_ Away rotation
- \_\_\_\_\_ Paid time off
- \_\_\_\_\_ Other (Explain: \_\_\_\_\_)

---

Signature of Program Director