

## **RESEARCH SCHOLARSHIP APPLICATION**

- Refer to **Criteria** below for eligibility requirements.
- Refer to **Documentation** below for a list of the supporting documents needed.
- If any question does not apply to you in this application, please put N/A in the space.
- Please type or clearly write your application.
- ConnectMed's Board of Directors has the final decision on whether funding is approved. ConnectMed may contact you for additional information.
- If you have any questions about the application or scholarship, please contact Rita Albert.

**Purpose:** To provide:

- funds to support conducting original research AND/OR presenting original research at a scientific conference, and, if applicable, to support publication of this research in a scientific journal
- done by a medical student, graduate student, post-graduate physician in training, a physician or allied health professional

**Award Components:** Funds up to \$4000 for resources, supplies, travel, visa processing, accommodations, and conference registration fees associated with the completion, presentation and/or scientific publication of the original research.

**Criteria:**

1. Applicant must be a medical student, graduate student, post-graduate physician in training actively enrolled in a training program, a board-certified physician or an allied health professional with an active license.
2. The research must be original and related to ConnectMed's goals of furthering multidisciplinary, sustainable medical care and/or ensuring that the whole patient is treated, including medical, psychological, emotional, etc. needs.
3. Applicant must endeavor to present this original research at a scientific conference and, if possible, publish in a scientific journal.
4. Applicant must allow information about the research and applicant, and photos of the applicant, to be posted on ConnectMed's website, ConnectMed's social media accounts, in ConnectMed's quarterly newsletters and possibly in an informational video on ConnectMed's YouTube channel.
5. Applicant must complete and submit a ConnectMed Program Evaluation Form upon request.

**Documentation:**

**Applicant must submit -**

1. two (2) letters of reference from educators, supervisors, a current Program Director or, in the case of active physicians or allied health professionals, colleagues in the same specialty.
2. current CV
3. abstract of submitted research
4. budget of estimated expenses
5. signed Consent Form for photos/videos (see last page of Application)

**Please submit all your information related to this scholarship as follows:**

**By Mail:** ConnectMed International  
ATTN: Rita Albert  
Executive Director  
7040 Avendia Encinas, Suite 104  
Carlsbad, CA 92011

**By Email:** [ralbert@connectmed.org](mailto:ralbert@connectmed.org)

## SCHOLARSHIP APPLICATION

Date \_\_\_\_\_

**Applicant Type:**

medical student

graduate student

post-graduate physician in training actively enrolled in a training program

physician or allied health professional

**1. Applicant's Full Name:**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE

**2. Birthdate:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**3. Complete Address:**

\_\_\_\_\_  
STREET ADDRESS Apt/Suite \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS (SECOND LINE)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/PROVINCE

\_\_\_\_\_  
POSTAL CODE/ZIP CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
MESSAGE PHONE

\_\_\_\_\_  
ALTERNATE E-MAIL ADDRESS

4. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**5. Financial Position**

Do You Have Another Source of Funding for your Research?

\_\_\_\_\_

If Yes, Please Describe the Source and the Amount (US Dollars) \_\_\_\_\_

\_\_\_\_\_

Total Annual Income (US Dollars)

\_\_\_\_\_

6. Based on the submitted budget, please estimate total expenses: \_\_\_\_\_

**7. Secondary Education:**

Name of School	Location	Dates Attended

**8. University Education:**

Name of School	Location	Dates Attended	Degree and Date of Degree

**9. (For Medical or Graduate Students) Medical or Graduate Education:**

Name of School	Location	Dates Attended	Degree and Date of Degree

**10. Post Graduate Training:**

Name of Training Program	City, State	Years Attended	Graduated?

**11. (For Active or Allied Health Professional) Current Position:**

Description of current position & employer	Board certified or licensed in what specialty?	Date of Certification/Licesne	Length of time at current position

**12. Description of Research:**

**Please provide title and a brief summary of research:**

**With whom do you collaborate on research?**

**Where is research conducted?**

**Who provides ethical oversight of the research?**

**Do you plan to publish this research? If so, in which scientific journal? Do you need help with review, editing or translation?**

**13. Honors and Awards:**

Name of Honor or Award	Year	Description

**14. References:** *(please attach at least two reference letters)*

Last Name, First Name	Relationship	Phone	Email

By signing below, the Applicant agrees that (1) all Criteria have or will be met, (2) all information contained in this Application is true and correct. If Applicant does not comply with either provision, ConnectMed has the right to withhold or withdraw funding.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent Form**

Permission is granted to ConnectMed International the right to use photos, videos and audio recordings of me or the research that is the subject of ConnectMed’s Research Scholarship Application for the purpose of marketing and publicity. Possible uses of recorded audio-visual or photographic media include but are not limited to; ConnectMed’s website ([www.connectmed.org](http://www.connectmed.org)), ConnectMed’s social media accounts (such as Facebook, Instagram, Twitter and LinkedIn), ConnectMed’s quarterly newsletters and on ConnectMed’s YouTube channel.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_