**Council for International & Area Outreach (CIAO)**

**UTHSC College of Medicine**

**Application for Local Service Project Funding**

IMPORTANT NOTICE BEFORE YOU BEGIN

To apply for a CIAO award, you must complete 2 criteria:

* First, complete and return this application to CIAO.
* Second, complete an in-person interview with CIAO concerning the details of your trip, motivation, and expectations.

For your project to be approved for a CIAO award, your project must be oriented to serving an underprivileged population in a healthcare setting. Once a CIAO application has been approved, the student will be notified by CIAO or the Office of Student Affairs concerning the amount of the award. Students receiving CIAO awards will be required to complete and return a CIAO project packet within two weeks of receiving his/her CIAO award letter. This packet will be included with the award notification letter. Failure to complete the required CIAO project packet as instructed in the letter will result in forfeiture of the CIAO award.

In receiving a CIAO award, all grant recipients agree to the following criteria:

* To notify CIAO prior to commencing the project of any changes in the details of the project that differ from those described in the application and/or interview.
* To provide CIAO with a short written description of the experience after its completion, including unforeseen difficulties, recommendations, and future contacts.
* To share CIAO’s mission with current and future students by participating in one of the following activities:
  + Creating a blog of your experiences on the CIAO website
  + Giving a presentation on your experiences to a future M1 class
  + Making a poster with information and pictures from your experiences for the CIAO poster fair (to be discussed at your interview)

*Application instructions: Click the text box following each prompt to insert your response. Submit your application by giving it to a current member of CIAO or by emailing it to ciao@uthsc.edu before the application deadline (TBA). If submitting by email, please save your application under your name and class (ex: “CIAOfunding\_JohnSmithM1.doc”). Thank you!*

**Section I – Personal information**

Full name:

Class (e.g. M1):       Graduation date:

Local address:

City, State, Zip:

Phone:       Email:

Permanent address:

City, State, Zip:

Emergency contact name:

Emergency contact’s phone:       Email:

**Section II – Project details**

Location:

Contact name:

Address:

City, State, Zip:

Phone:

Starting date:

Ending date:

Duration of project:

Are you working alone or in a group? Please list the total number and names of students in your group.

Briefly describe your anticipated activities and responsibilities:

What good will you impart to those you will be serving?

What do you hope to gain from this experience?

What are the intended outcomes for this project?

What project arrangements—permissions, agreements, transport, accommodations, supplies, food, etc.—have you already finalized? What arrangements have not yet been finalized?

**Section III – Project budget**

*Please note: Due to limited funds, CIAO will not be able to fully fund individual projects. CIAO grants are intended to supplement a student’s other financial resources. CIAO reserves the right to appropriate funds at the discretion of the governing committee*.

Please provide an approximate budget. Examples of things to include are, but not limited to, travel costs, room and board, transportation, food, etc.

Total anticipated costs: $

Will the costs of your project be subsidized in any way through services provided by other businesses, organizations, etc.? (Please answer yes or no)

If yes, what services will be provided?

Other sources of funding (please specify):

Amount requested from CIAO:

$

If funding is granted, how would these funds be allocated for your project expenses? Please be as specific as possible.

Please use the following section to include any other information you feel is pertinent to your application that has not been discussed elsewhere.

By signing this application, you agree to the terms and conditions described within this document and agree that the information you provide is correct to the best of your knowledge.

Signature:

Printed name:

Date: