

**Blake W.H. Smith Scholarship Application  
(Faculty/Resident)**

The Blake W.H. Smith Scholarship provides a stipend of at least \$1,000.00 for a CHM student, resident, or faculty member (academic/clinical/volunteer) engaged in furthering the goals of primary health care, or community-oriented medical education with an emphasis on international settings or under-served areas and populations in the United States. Preference will be given to individuals who are not doing a project in their home country. The award is a competitive process and can go toward an educational, research, or service experience in primary care between the dates of **January 1 – December 31, 2018**. If you will be doing research, you must get Institutional Research Board (IRB) approval through the MSU Human Research Program (<http://hrpp.msu.edu>) or your own institution. Funding of at least \$1,000.00 is available in each category: Student or Faculty/Resident.

**Application requirements:** **1)** A short (1-page) proposal detailing the nature of the experience and stating the educational component and the research or educational outcomes. The proposal must also describe the infrastructure supporting the experience. **2)** The name and address of a contact person at the site of the experience who will be involved with the project. **3)** The approval of the applicant's residency director (for residents) or immediate supervisor (for faculty). **4)** A letter of support from an MSU or residency faculty member who has reviewed and/or helped with planning this project and that the resident/faculty member is in good standing. **5)** If the resident/faculty member is proposing a research project, proof of approval for the project from the Institutional Research Board (IRB) (<http://hrpp.msu.edu>) or appropriate IRB, will need to be submitted with the faculty member. **6)** At the conclusion of the experience, submission of a short paper summarizing the experience (including how the experience influenced the recipient: personal growth, career enhancement, scholarly pursuits, etc.) is expected before payment of the stipend is made. **7)** You will give the Department of Family Medicine permission to share your final paper with the public.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Experience Site:** \_\_\_\_\_

**Experience Dates:** \_\_\_\_\_

**Contact Person at Experience Site:** \_\_\_\_\_

**Contact's Address:** \_\_\_\_\_

**Contact's Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Residency Director/Supervisor Approval:** \_\_\_\_\_

*Please submit this application by November 30, 2017 to:* Sara Ransom  
Michigan State University  
Dept. of Family Medicine  
15 Michigan Street NE, Suite 631D  
Grand Rapids, MI 49503  
Email: [sara.ransom@hc.msu.edu](mailto:sara.ransom@hc.msu.edu)