

**Blake W.H. Smith Scholarship Application
(Student)**

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**. 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 name and address of the physician responsible for supervising the experience (if different from the contact person above.) **4)** A letter of support from an MSU faculty member who has reviewed and/or helped with planning this project and will verify that the student is in academic good standing. **5)** If the student is proposing a research project, proof of approval for the project from the Institutional Research Board (IRB) (<http://hrpp.msu.edu>) will need to be submitted with the MSU 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:** _____

MSU-CHM Student Year _____ **Community** _____

Experience Site: _____

Experience Dates: _____

Contact Person at Experience Site: _____

Contact's Address: _____

Contact's Phone: _____ **E-mail:** _____

How do you know the contact person: _____

Supervising Physician: _____

(If different from Contact Person)

Physician's Address: _____

MSU Faculty Member Assisting: _____

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