APPLICATION FOR GME CONSORTIUM FUNDING CONSIDERATION

Medical Students

all questions 200 words max

Submit application to director@swvagmec.com

Name:

Affiliation (specify whether faculty, include pre/med/residency years if in training):

Direct Phone:

Email:

Any best times to reach you or times best avoided?

What are you requesting funding for? Be detailed.

<u>Attach a clear and comprehensive budget for your request.</u> Indicate which costs are covered by other sources, and which you are requesting from the Graduate Medical Education Consortium. Explain why you are requesting funds from outside your organization.

Which priorities for GMEConsortium funding does the request meet? Explain why.

Why are you in Southwest Virginia?

For med schools and residency applicants, what is your sustainability plan for the results of the above? Name partners if relevant. Explain how the above will benefit Southwest Virginia's public health, workforce development, or medical infrastructure.

Is there anything else you feel it is important for GMEC to know?

SIGNATURES REQUIRED

- **Residents/Residency Faculty**: your program director **AND** director of GME programs serving SWVA
- **Medical Students**: Program director **AND** the medical school dean
- **Pre-Med Students:** Advisor **AND** the chair of the Sciences Department

If your request meets GMEConsortium funding criteria, we will set up a virtual meeting with you before finalizing. We attempt to do this within 30 days of your application. **Please ensure your contact details are accurate**, and if there are preferred days to reach you, please specify.

For all faculty members, and for residents, the Consortium requires a written follow-up within six months on how this opportunity has been incorporated into your work to advance SWVA health/medical infrastructure. For medical and pre-med students, GMEC requires a reflective one-page essay on your experience within a month of the activity. By signing you acknowledge responsibility to send the appropriate document.

I certify that the above information is correct and true.

Applicant Signature _______________________________________ Date ________________

Print Name ____________________________________

Program Director Signature _______________________________________ Date ________________

Print Name ____________________________________

Title: ____________________________________

I have the following comments about this application (optional):

I certify that the above information is true, that ______________________ health system/school supports this application, and that the applicant will represent/enhance Southwest Virginia to the benefit of medical infrastructure recruitment and retention.

Medical School Dean Signature _____________________________________ Date ________________

Print Name ____________________________________