

**Indiana University School of Medicine
Office of Faculty Affairs, Professional Development, and Diversity
Trainee Travel Grant**

Recognizing the importance of medical/graduate students, residents, and fellows presenting research as part of their academic and professional development, the Office of Faculty Affairs, Professional Development, and Diversity (FA|PD|D) grants travel awards to trainees interested in showcasing their scholarly research and/or developing professional skills and networks. Allocation of these resources is done with the intention of supporting endeavors that provide educational value to our trainees and to the greater IUSM community. Should funding be provided, conference attendees are responsible for disseminating information about the conference back to FA|PD|D and the respective affinity or interest groups.

There are a limited number of travel awards available for the academic year. FA|PD|D accepts travel grant applications on a rolling basis. Applications must be submitted **at least 30 days prior to intended travel**. The following guidelines will be used to evaluate travel proposals and award funding:

- **A maximum of \$500** will be awarded to an individual who is **presenting** their research at a professional conference.
- **A maximum of \$350** will be awarded to an individual who is **attending** a professional conference.

***Please note:** Any funds awarded to medical and graduate students **will be distributed to the student's account unless otherwise noted. Residents' and fellows' reimbursements will be processed via check or direct deposit unless otherwise noted.** Group funding requests will be considered, but is not guaranteed. Approval for group funding will be determined on a case-by-case basis, pending availability of funds and Director approval. No individual will be eligible for more than \$500 during an academic year.*

ELIGIBILITY

All applicants must be **current IUSM trainees in good academic standing** AND meet **one of three** criteria below. Please check all that apply:

- Member of the IUSM-identified diversity categories:
 - Black/African American
 - Hispanic/Latino
 - From rural areas or in the Rural Medicine Education Program
- Present research related to issues of diversity (for example, research focused on health disparities, outcomes, services or interventions targeting populations that are traditionally underserved, socially or financially disadvantaged, and underrepresented in medicine). Please describe how your research is related to an issue of diversity.

- Attend a conference about diversity related topics and issues in medicine or health care. Include the name of the conference here:

All travel must be completed prior to graduation. It is strongly encouraged that funding be used to present diversity-related research or attending a diversity-related conference.

APPLICATION INFORMATION

The following items must be included in your submission:

- Completed application
- One page letter of intent briefly describing your accepted presentation and/or anticipated professional development activities and network opportunities explaining why either or both are important to your professional and academic development.
- A curriculum vitae

Please submit all items as a packet. Components of applications that do not constitute a complete packet will be returned without consideration.

Submit completed application **30 days before travel** via email to: iusmdiv@iupui.edu

TRAINEE TRAVEL GRANT APPLICATION

1 Name: _____
(last) (first) (middle initial)

2 E-mail: _____ Telephone: _____

3 Home Address: _____

4 Date of application: _____

5 Name and location of conference: _____

6 Date(s) of conference: _____

7 Level of Participation: ___ Professional/Academic Development ___ Research Presentation

8 Title of Research Presentation (if applicable): _____

9 Have you requested additional funding from another source/department? ___ Yes ___ No
If yes, indicate the source of funding and amount of award _____.

10 Itemized budget of proposed travel expense:

Transportation	_____
Registration fees	_____
Accommodations	_____
Food	_____
Other (description)	_____
Total	_____

ADMINISTRATION OF FUNDS

I approve this use of funding for this proposal _____
Signature of Associate Dean or Assistant Dean of Diversity

I approve this use of funding for this proposal _____
Signature of Diversity Program Director

Paid from account _____.

In some cases, prepayment of travel expenses may be available. Alternatively, students seeking reimbursement are responsible for collecting and submitting their original receipts. Inquiries about the possibility of prepayment and submissions of receipts should be forwarded to iusmdiv@iupui.edu.

ADDITIONAL INFORMATION

Additionally, FA|PD|D support of conference attendance is intended to support individual interests, but more importantly to support endeavors providing educational value to our trainees and to the greater IUSM community. Should FA|PD|D provide funding for travel, conference attendees will be responsible for presenting information learned at the conference to the greater student body; awardees will have some flexibility on the method of dissemination.

Submission of this request for funding serves as your acknowledgement of, and agreement to abide by, the terms listed above.