

## **Funds for Education Scholarly Opportunities Application**

Follow the criteria listed below, using the checklist as a guide. Individual completed applications should be submitted to <a href="mailto:studentcomservices@med.uvm.edu">studentcomservices@med.uvm.edu</a>. Please include "FESO application" in the subject line of your email submission.

Name:	E-mail:	
Graduation Year:  UVM LCOM Preceptor Name & Department		
Scholarly Experience (check applicable boxes):		
Abstract/Poster or Presentation		
National Society Meeting		
Professional Development Course		
Other:		
Name of activity:		
Location of proposed travel:		
Please provide link to agenda:		

Please review the attendance policies to help plan for travel. * Note that students are ordinarily
allowed two days away from course activities to present academic work at national meetings. This
includes a travel day and the day of presentation.
Foundations Level
<u>Clerkship Level</u>

Advanced Integration Level			
Date of Travel (start)	Date of Return	Date of Presentation	
List all sources and amounts of funding you have available or have applied for to support your travel. Please also list the faculty member that you have discussed funding sources with.			
*See <u>UVM's Travel Policy</u> for supports no more than two dates.		eating your budget. Typically, FESO	O funding
Itemized budget of proposed	d travel expenses:		
Transportation:			
*Please note that UVM reimb	ourses for mileage and	d not gas; refer to the current reimb	oursement
Registration fees:			
Lodging:			
**Food:			
**\$60/day for meals allowed for	domestic travel; \$75/d	lay for meals allowed for international t	travel
Other – Please specify:			
Total Budget:			
Total amount requested from FESO:			

## **Student Statement:**

- Describe how the educational experience will benefit the student's medical education.
- Describe efforts made to obtain funds from other sources.
- Describe how the educational experience will benefit the Larner College of Medicine in areas of education, research, or service and how it will benefit other students and the Larner College of Medicine community.
- Must specify the duration, timing, and content of the educational experience.

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Che	cklist fo	r a complete application:			
	Applica	ation form			
	Link to meeting agenda or other informational materials				
	Student statement requesting FESO support				
	LCOM Faculty letter of support				
	Eviden	ce of local authority approval (when travelling internationally)			
	Suppor	ting documentation			
		Confirmation of acceptance of abstract/poster/presentation or professional development course. Please include abstract with your FESO application documentation.			
		Confirmation of leadership role if attending national meeting			
		IRB research protocol approval if applicable			
begir	nning of	sure to add the Title of your presentation/abstract/research project in a clear manner at the your application form. Please submit all items electronically as one packet. <b>Incomplete</b> s will not be considered.			
•		dentify as a current "student employee"? (meaning you have worked within the last 12 ther a tutor, or had a summer internship, etc.).			
If ve	s, for rei	mbursement purposes you will need to fill out a Travel Authorization before your			

If yes, for reimbursement purposes you will need to fill out a <u>Travel Authorization</u> before your travel. Please contact Patty Bosley at <u>Patricia.Bosley@med.uvm.edu</u> for the appropriate chartstring and account you should use if submitting a Travel Authorization or if you have any questions.