**SGNA Medical Aid Scholarship**

SGNA is offering this scholarship to financially assist SGNA members who are participating in a medical aid trip. Funds of $1000 will be awarded to scholarship recipients. This is a one-time, non-renewable scholarship. The recipients will be announced at the end of January. Funds will be provided up front and must be used by the end of the calendar year in which they are awarded. Proof of participation in a program must be provided before funds are issued. Scholarship recipients will be asked to write a brief article about their experience for *SGNA News* upon their return.

**Criteria:**

Applicant must be a member of SGNA in good standing, and meet all criteria of the organization through which they are traveling. The medical aid trip must be through an established organization, and not independently planned. While proof of participation in a program may not be available at the time of application, proof be provided before funds are issued.

**Send completed applications by December 31 to:**

SGNA Headquarters  
330 N Wabash Ave

Suite 2000

Chicago, IL 60611

Fax: 312.673.6694

Email: sgna@smithbucklin.com

To be considered complete, applications must include:

* Completed application
* Essay, no more than 500 words
* Flyer/brochure of program (this can be printed from the internet)
* Proof of participation if available (i.e. a letter/email from the organization)

**Statement:**

I understand that if I am selected for the SGNA Medical Aid Scholarship I must submit proof of participation from the organization before I receive funds from SGNA. I am willing to write a brief article about my experience for *SGNA News* upon my return.

Signed Name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Electronic Signature:  *\*Only necessary if submitting by email.*

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

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| --- | --- | --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | SGNA ID #: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address Cont.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | State: \_\_\_\_\_\_\_ | | Zip: \_\_\_\_\_\_\_\_\_ |

Medical Aid Trip Information

|  |  |
| --- | --- |
| Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Purpose of the trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Destination Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Submit a short essay, less than 500 words, on the following topics:

* How and why you selected this trip
* How this experience will impact your practice as a GI/Endoscopy professional