The Trần Nguyên Phiếu, MD, Memorial Travel Scholarship

This scholarship is intended to encourage medical students and residents to learn about health care in developing countries. The funds will support one recipient per year to travel to and complete a project in a developing country. There is no preference with regards to location as long as the country visited is an underdeveloped country.

Any currently enrolled student in an accredited US medical school or a resident in an accredited residency, who is in good standing, may apply. The accepted project must be conducted as part of the elective curriculum of the medical school or residency. The project must be completed prior to medical school graduation or the end of the residency. If the project is not completed by the deadline, the fund must be returned to the Vietnamese American Medical Association (VAMA) to be used for future scholarships.

Process:

1. The student or resident must complete an application (downloaded from the VAMA website) which describes the project, its goals, length of time, etc.
2. An additional essay (1 or 2 pages) is required to further delineate the applicant's goals and the project's influence on his/ her future career plan.
3. A budget must be included (maximum support is US$2500 per project).
4. At the end of the project, a written report must be completed within 60 days.

Other considerations:

1. Acceptable expenses: Airfare, room and board, necessary supplies for overseas trip
2. Specific exclusions: Salary of participants, gifts, expenses incurred by travelling partner, insurance (participant is strongly encouraged to maintain medical school or residency insurance).
3. Any underdeveloped country is an acceptable location for the project. Strong preference is given to projects which are educational in nature and involve public health. Strong preference is also given to candidates who plan to practice in the Vietnamese communities in the US after graduation.
4. Project that includes a research aspect concluding in a publishable manuscript is highly encouraged.
   Acknowledgement of VAMA is required if a manuscript is submitted for publication.

Selection of scholarship recipient:

1. A Selection committee will select the recipient for the scholarship.
2. The members of the committee will be chosen by the executive committee of the VAMA-USA or their designate.
   The Committee will consist of no more than 5 members.

The deadline for receipt of the application is September 15, 2017.

Please send scholarship application to the following address:

Randal Tanh Hoang Pham, MD, FACS
Advanced Surgery Medical Center
989 Story Road, Suite 8066
San Jose, CA 95122

For additional information about the scholarship call (408) 998-1818 or email scholarship@vamausa.org or visit http://www.vamausa.org
PERSONAL INFORMATION

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QUESTIONNAIRE
1. In the Fall, what year will you be in medical school? (Check One)
   □ First    □ Second    □ Third    □ Fourth    □ Other: ____________________________

2. Name of Medical School/Residency Program:
   ____________________________

3. Area of Study:
   ____________________________

4. Have you applied for other similar scholarships (travel abroad)? □ No □ Yes
   Specify: ____________________________

5. VAMA often receive excellent essays from scholarship applicants, and may print them in our newsletters. Will you allow VAMA to print your essay in future publications?
   □ Yes □ No

REQUIRED DOCUMENTS (Incomplete application packets will not be reviewed.)
1. Your CV.
2. A brief essay (1 or 2 pages) discussing your proposed study and its possible effect on your future career plan.
3. Project budget with itemized cost
4. Two references (5 maximum allowed). Please include Name, telephone and email.

APPLICANT ACKNOWLEDGEMENT and SIGNATURE

I have read and understand all the eligibility and application requirements, and have completed the application truthfully. I understand that if I am selected as a scholarship recipient, my name will be released to the public through press releases and newsletter announcements etc. I hereby authorize VAMA and any of its designated officers or agents to verify the information provided/included in this application.

________________________________________  __________________________
Applicant Signature                         Date

For internal office use only
☐ Complete  ☐ Incomplete

Date application package received: Initial of person receiving packet:
PROPOSED STUDY

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