| Global Health & Health PolicyConference Funding Application | |
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| Applicant Information | |
| Name: | |
| HUID: | |
| Phone: | |
| Email address: | |
| Current address: | |
| Permanent address: | |
| Are you a U.S. Citizen, Permanent Resident, or a Non-U.S. Citizen? | |
| Conference Information | |
| Name of conference: | |
| Location of conference: | |
| Dates of conference: | |
| Are you presenting? | |
| Itimized list of estimated Expenses | |
|  | |
| Total amount requested ($500 max): | |
| Do you have additional funding sources? please explain. | |
|  | |
| Requirements | |
| Award recipients are required to submit:   1. A brief statement (250 words max) describing your reason for attending the conference, its academic benefit to you, and what you hope to gain. If you are presenting, please include details about this as well. 2. An acceptance notice from the conference. (If this came via email, you can save it as a PDF and send that.) 3. An update within two weeks of conference attendance describing what you learned. | |
| Signature | |
| By signing below, I certify that the award will be used for the expenses listed above and that I will complete all the requirements. I also understand that there is limited funding available, and submission of this form does not guarantee funding. If accepted, I understand that I will need to provide my social security number and that payment may take several weeks to process. | |
| Signature of applicant: | Date: |

Completed applications may be sent to [emily\_maguire@harvard.edu](mailto:emily_maguire@harvard.edu).