GLOBAL HEALTH FACULTY/POSTDOC RESEARCH/TRAVEL GRANT APPLICATION FORM

http://globalhealth.ucsd.edu

DUE DATE: October 16th, 2017

Instructions:
1. Please send all applications to: GHI@ucsd.edu
2. Please submit completed application and all supporting documentation at the same time.

Affiliation Information:
Name: ___________________________ Department: ______________________________________

UCSD Mail Code: ______________ Phone/extension: __________________________ UCSD E-mail: ______________________

Additional collaborators:
Name: ___________________________ Department: ______________________________________

UCSD Mail Code: ______________ Phone/extension: __________________________ University E-mail: ______________________

Travel or Research Project Budget Information:
Amount of Funds Requested (travel funds max. $1,500; research project max. $10,000): _______________________

Please address each of the following criteria in your proposal: (5 pages or less)
1. Name of Conference and focus/purpose; dates of travel
   OR
2. Research plans with specific aims
3. Locale
4. Target population
5. Research methods
6. Expected contribution(s) to the field
7. Any additional information you’d like us to consider.
8. Please submit a budget justification (1 page) for either Travel Funds or Research Project.

Additional Information:
Please submit NIH-style bio sketches from each collaborating researcher.