

GLOBAL HEALTH FACULTY/POSTDOC RESEARCH/TRAVEL GRANT APPLICATION FORM

<http://globalhealth.ucsd.edu>

**DUE DATE:** March 15th, 2017

**Instructions:**

1. Please print clearly; scan & email completed application to: **Carolyn Oliver:** [caoliver@ucsd.edu](mailto:caoliver@ucsd.edu) . Questions: 858-822-6468
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.