

## **The Dr. Bertram A. Richardson Scholarship Fund**

Applications are available in ALL Student Affairs Offices (Chicago, Peoria, Rockford, and Urbana)

### **PURPOSE**

To provide support for study abroad programs (not including Hawaii and Alaska) for students in the College of Medicine.

### **ELIGIBILITY**

M4 medical students of the University of Illinois College of Medicine are eligible to participate.

### **CONDITIONS**

1. Awards are not to exceed \$700.00 and are to be used for international travel.
2. Program may include both clinical and research.
3. **Required information:**
  - a. Completed Richardson Scholarship application consisting of the following:
  - b. Personal statement giving the reasons and goals for the trip in relation to the student's total educational program. Also explain how you found out about the rotation, and how the rotation was set up.
  - c. A reference letter stating the appropriateness of the overseas study from the student's faculty advisor, a department head, or other faculty member well acquainted with the academic program of the student.
  - d. Letter or email from the foreign institution inviting and agreeing to accept the student for a specific program of study (MINIMUM TIME OF (4) FOUR WEEKS).
  - e. Letter from the Office of Student Affairs acknowledging that the study assignment abroad has been approved for credit and that the student is in good academic standing.
  - f. Proposed budget, itemizing anticipated expenses. Indicate if others are included in the cost.
  - g. Submission of a brief written report summarizing/evaluating the overseas experience to the College of Medicine within sixty (60) days **after** completion of the experience. In particular, what were the strengths and weaknesses of the rotation?

**Completed forms and supportive data are to be submitted to your site's Office of Student Affairs by November 1.**

### **SELECTION**

Applications will be considered annually by the Bertram Richardson Subcommittee. Final decisions of awards will be made and announced by the College Committee on Student Awards and Scholarships.

**APPLICATION FORM**  
**The Dr. Bertram A. Richardson Scholarship Fund**

**Application, including supportive materials, should be submitted by November 1.** Please follow the specific instructions on the cover page of the application form and provide the supporting materials as requested. Final decisions of awards will be made and announced by the College Committee on Student Awards and Scholarships.

Date of Application: \_\_\_\_\_ Site: \_\_\_\_\_

Last Name	First Name	Middle Initial
<b>Email address:</b> <b>Mailing Address:</b>		
Street		City, State, Zip
<b>Area(s) of Specialty:</b>		
<b>Previous overseas study or experience:</b>		
<b>Foreign language training and proficiency:</b>		
<b>Name and Address of institution where studies will be pursued:</b>		
<b>Name and Title of individual under whose direction overseas studies will be carried out:</b>		
<b>Proposed Period of Study from _____ To _____</b>		

<b>If you have applied for or received other support for this program, please give details as to source and amount of such support:</b>
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**Proposed Budget: Please itemize anticipated expenses**

**Applicant's Statement: Please write a brief statement of your reasons for wanting to spend time in a foreign country and the relationship this bears to your total medical education program. Also explain how you found out about the international elective, and how this rotation was set up. Please sign your name at the end of this narrative. You may attach additional sheets if needed.**

**Be sure that you have fulfilled all requirements under "conditions" on the cover page of this form.**