



Regina's Hope Medical Program Global Health Support Application

I. BASIC APPLICANT REQUIREMENTS:

- ◆ Accepted for a clerkship training (any field of medicine) at Northwestern University Feinberg School of Medicine through the Global Partner program
- ◆ Czech citizen

II. APPLICATION MATERIALS:

- ◆ Please fill out in black pen or typed
- ◆ Your name and birthdate needs to be stated on each page (top right header)
- ◆ If you need more room to write for any question, please attach another sheet of paper. Include your name and date of birth at the top right corner of any attachment.
- ◆ You may download this application from the www.thekmdfoundation.org website and type directly into the document
- ◆ The application has 4 main components: Personal and Academic Information, Short Answer Questions, Essay Questions, and Letters of Recommendation

III. SUBMISSION INSTRUCTIONS:

- ◆ You submit your application via postal mail, fax or e-mail (e-mail is preferred)

The Kristyna M. Driehaus Foundation
RHMP – Global Health Application
1838 North Lincoln Park West
Chicago, IL, 60614
U.S.A
Phone: 1-312-335-1916 Fax: 1-312-335-1926
Email: info@thekmdfoundation.org (include “Global Health” in the subject)

If you have any questions contact us at info@thekmdfoundation.org

Applicant Name:
Applicant Date of Birth:



**Regina's Hope Medical Program
Global Health Clerkship Training Support
Application**

Application date _____

I. Personal and Academic Information

1. Name _____

2. Current Address

3. Mailing Address
(if other than current address)

4. Phone _____

5. E-mail Address _____

6. Date of Birth (dd/mm/yyyy) _____

8. Name of school and department currently enrolled in _____

9. Year in current program _____

10. Specialization (if applicable)

12. List any previous academic/professional study/work outside of the Czech Republic
(if none, skip to the next section)

University/Company Name	Position Title	City, Country	Years

11. Where else are you seeking funding? _____

Applicant Name:
Applicant Date of Birth:

II. Clerkship Training Information

16. In what department is your clerkship?	
17. Provide dates for the clerkship training period.	
18. Are you planning to participate in any other academic/training programs while in Chicago?	

III. Short Answer Questions

1. What do you hope to gain from the clinical training in Chicago?

2. What are your long term professional goals?

IV. Funding Request

Please describe in detail what kind of support is needed (air ticket, ground transportation, living expenses, University fees, health insurance, etc)

Support item	Cost (in U.S. dollar)
Total Requested	\$