GHP | Global Health Program

Global Health Equity Pathway 2022/2023
Applications for supplemental funding

DGSOM’s Global Health Program (GHP) values the experience students gain from pursuing longitudinal scholarly work. GHP offers funding to help Global Health Equity Pathway students to offset expenses associated with research (costs of software to complete quantitative or qualitative data analyses), costs of publication, or costs of conference attendance. Funding up to $1,000 is available per student per year enrolled in the Pathway and Concentration. Note that funding is first prioritized for Pathway students and is not guaranteed for Concentration students, so please contact us prior to applying. Students must be meeting Pathway requirements to qualify for funding. Please submit ONE of the applications below, and email Ms. Vijeta Vaswani (VVaswani@mednet.ucla.edu) with any questions.

Conference (domestic or international) funding requirements: (application on page 4)
The funding of up to $1,000 is available if the student’s primary mentor cannot support funding from other sources (e.g., grant), and can be awarded in addition to DGSOM’s Student Affairs Office conference funding (up to $600).
• You must have an accepted conference abstract (oral or poster) and be the primary presenter of the work.
• You must request a brief email or letter from your mentor describing your contributions to the scholarly work and confirming that he/she does not have enough funds available to support your attendance (or, if he/she does, how much funding can be provided).
• Please ask DGSOM’s Research Advisor, Medical Student Research & Scholarship to email Vijeta confirming that you have already received (or will be receiving) funding from the Student Affairs Office.

Educational Expenses or Project Related Travel: (application on page 5)
The funding of up to $1,000 is available to offset the cost of specific educational expenses or project travel related costs.
• You must request a brief email or letter from your mentor/host (sent to both Vijeta and Dr. Dovel) describing the purpose of your trip and your contributions to the work being completed.
• For language course requests, please provide a brief explanation within the application as to why it is needed.
** If you are unsure of which category of funding your request will fit, please reach out to Vijeta.

Publication funding requirements: (application on page 6)
Similarly, the max amount that a student may apply for/receive to offset publication fees is $1,000.
• You must have an original research manuscript that has undergone peer review and been accepted for publication.
• Your manuscript must focus on a global or “local-global” health topic (e.g., relating to care in an underserved setting, addressing health disparities).
  o If you are unsure about whether your manuscript qualifies, please email Pathway Director Dr. Kate Dovel.
• You must request a brief email from your mentor (sent to both Vijeta and Dr. Dovel) describing your contributions to the scholarly work and confirming that he/she does not have enough funds available to support the entirety of your publication fees.
Software license funding requirements: (application on page 7)
Similarly, the max amount that a student may apply for/receive to offset the cost of purchasing a software license for research purposes (e.g., STATA, NVivo) is $1,000.

- You must be working on an ongoing, mentored global or “local-global” research project (e.g., relating to care in an underserved setting, addressing health disparities).
  - If you are unsure about whether your manuscript qualifies, please email Pathway Director, Dr. Kate Dovel.

- You must request a brief email or letter from your mentor (sent both to Vijeta and Dr. Dovel) describing your contributions to the scholarly work and confirming that he/she does not have enough funds available to support the entirety of your software fees.
Reimbursement guidelines

For conference funding, this is approved on a cost-reimbursement basis, with the exception of airfare (see below). This means you will be approved for reimbursement after travel has been completed, and will need to submit original receipts and documentation as per UCLA policy. Funding cannot be provided in advance of travel or before costs are incurred. For students with financial hardship, interest-free short-term loans are available; please stop by the DGSOM Financial Aid Office for more information.

Students must submit copies of itemized receipts and/or bank/credit card statements within 21 days of travel. For information on software and publication fees, see below. Reimbursement requests should be submitted via email to Ms. Vijeta Vaswani (VVaswani@mednet.ucla.edu).

Please keep copies of all receipts and supporting documentation for your own records.

Please review the items that are eligible for conference funding:

- **Airfare:** In order for airfare to be covered by this funding, we may require that students book directly through GHP (through UC Travel). Please email Vijeta before booking your ticket.
- **Hotel:** Your receipt should be the final hotel bill and include itemized charges (including taxes and fees) with the total amount paid in full. A confirmation of your reservation is not adequate. Ensure that your name and the dates of the hotel stay are clear and that the method of payment is shown. Note: Airbnb is reimbursable with the same rules as stated for hotels.
- **Conference registration (with proof/method of payment).**
- **Driving:** UCLA reimburses for mileage, and the total mileage will be calculated for reimbursement.
- **Food:** Reimbursements for food purchased during domestic travel will be covered for up to $62 per day with itemized receipts. Alcohol is a non-reimbursable expense. International food is based on a maximum threshold set by the US State Department. Receipts are strongly recommended for international food expenses, but are not required.
- **Taxi, Uber or Lyft, with receipts/method of payment.**

Please note, for any travel booked via a third party internet site (airfare, hotel or packages), UCLA has strict policies on the documentation required for reimbursement: please review the policy here.

Publication funding:

- You will need to provide a receipt or invoice in order to be reimbursed up to $1,000.

Software funding:

- Before you purchase software, please send Vijeta a quote together with your application, below, to decide on the best method for purchasing (if cost is <$1,000 GHP can purchase for you directly).

The processing of reimbursements can take at least 4-6 weeks, and will be delayed if there are missing items in your submission package. All payments are mailed to the address on file in your BAR Account, so please make sure all your information is accurate and up to date in the system prior to submitting a reimbursement request.
Global Health Equity Pathway 2022/2023
Application to request supplemental conference funding

Please complete this application and submit via email to both Dr. Traci Wells (TWells@mednet.ucla.edu) Ms. Vijeta Vaswani (VVaswani@mednet.ucla.edu).

Name (first and last): ________________
Year in medical school: ________________
Conference title: ________________
Conference location: ________________
Conference dates: ________________
UCLA faculty mentor / PI name: ________________
UCLA faculty mentor / PI department: ________________
UCLA faculty mentor / PI email address: ________________
UCLA faculty mentor / PI financial contribution (if mentor is unable to contribute, please enter “0”): ________________
DGSOM Student Affairs Office research conference funding contribution (if none, please enter “0”): ________________
Other conference funding (enter source and amount; if none, enter “0”): ________________

ANTICIPATED BUDGET
Airfare (if none, enter “0”): ________________
Hotel, per night and total (if none, enter “0”): ________________
Conference registration (if none, enter “0”): ________________
Anticipated daily food cost: ________________
Other expenses, such as internet and local transportation (if none, enter “0”): ________________
Total conference budget: ________________
Total requested from the Pathway (up to $1000): ________________

1) Attach accepted abstract (with authorship list) and/or any other supporting documents
2) Attach email or other documentation indicating conference acceptance of the attached work and showing you are the presenting author.
3) Attach a brief letter/email from your mentor describing your contributions to the scholarly work and confirming that he or she does not have funds available to support your attendance at the conference (or if he/she did contribute, to what amount).

Name (first and last): ________________
Signature: ___________________________ Date: ___________________________
Global Health Equity Pathway 2022/2023
Application to request supplemental educational expenses or project related travel

Please complete this application and submit via email to both Dr. Traci Wells (TWells@mednet.ucla.edu) Ms. Vijeta Vaswani (VVaswani@mednet.ucla.edu).

Name (first and last): ______________________
Year in medical school: ____________________
Course or project title, including language course: ____________________
Travel location (if none, enter “N/A”): ____________________
Travel dates (if none, enter “N/A”): ____________________
UCLA faculty mentor / PI name: ____________________
UCLA faculty mentor / PI department: ____________________
UCLA faculty mentor / PI email address: ____________________
UCLA faculty mentor / PI financial contribution (if mentor is unable to contribute, please enter “0”): ____________________
Other funding (enter source and amount; if none, enter “0”): ____________________

ANTICIPATED BUDGET
Airfare (if none, enter “0”): ____________________
Hotel, per night and total (if none, enter “0”): ____________________
**Course registration, including language course (if none, enter “0”): ____________________
Anticipated daily food cost (if none, enter “0”): ____________________
Other expenses, such as internet and local transportation (if none, enter “0”): ____________________
Total budget: ____________________
Total requested from the Pathway (up to $1000): ____________________

1) Attach accepted course or project information and/or any other supporting documents
2) Attach a brief letter/email from your mentor describing your contributions to the project or work being completed.
3) In the space below, please briefly describe why a language course is being requested
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

Name (first and last): ______________________
Signature: ____________________ Date: ____________________
Global Health Equity Pathway 2022/2023  
Application to request supplemental publication funding

Please complete this application and submit via email to both Dr. Traci Wells (TWells@mednet.ucla.edu) Ms. Vijeta Vaswani (VVaswani@mednet.ucla.edu).

Name (first and last): ________________  
Year in medical school: ________________  
Title of publication: ________________  
Journal name: ________________  
Date accepted for publication: ________________  
UCLA faculty mentor / PI name: ________________  
UCLA faculty mentor / PI department: ________________  
UCLA faculty mentor / PI email address: ________________

**ANTICIPATED BUDGET**
Total publication fee amount ($): ________________
Faculty mentor financial contribution (if mentor is unable to contribute, please enter “0”): ________________
Other financial contribution (please explain how the total publication fee amount will be covered):
____________________________________________________________________
Total requested from the Pathway (up to $1000): ________________

1) Attach email or other documentation indicating manuscript acceptance of the attached work  
2) Attach a brief email or letter/email from your mentor describing your contributions to the scholarly work and confirming that he or she does not have funds available to support the entirety of your publication fees (or if he/she did contribute, to what amount).

Name (first and last): ______________________________

Signature: ___________________________  
Date: ___________________________
Global Health Equity Pathway 2022/2023
Application to request supplemental software funding

Please complete this application and submit via email to both Dr. Traci Wells (TWells@mednet.ucla.edu) Ms. Vijeta Vaswani (VVaswani@mednet.ucla.edu) at the Global Health Program.

Name (first and last): ____________________
Year in medical school: ____________________
Brief description of longitudinal global or “local-global” health project:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Name of software required: ________________
Justification (what will you use this software for?):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

UCLA faculty mentor name: ____________________
UCLA faculty mentor department: ____________________
UCLA faculty mentor email address: ____________________

ANTICIPATED BUDGET
Cost of software ($): ____________________
Please specify cost type (e.g., single user annual subscription at student rate): ____________________
Faculty mentor financial contribution (if mentor is unable to contribute, please enter “0”): ____________________
Other financial contribution (please explain how the total software cost will be covered):
_____________________________________________________________________

Total requested from the Pathway (up to $1,000): ____________________

1) Attach any relevant documentation about this scholarly project (e.g., Josiah Brown Poster Fair link), if applicable.
2) Attach a brief email or letter/email from your mentor describing your contributions to the scholarly work and confirming that he or she does not have funds available to support the entirety of your software fees (or if he/she did contribute, to what amount).

Name (first and last): _____________________

Signature: ____________________________ Date: ____________________________