

VENTURA GLOBAL HEALTH PROJECT

ENABLING DOCTORS TO SERVE HUMANITY

Application for Grant: Long Term Medical Volunteer

PERSONAL INFORMATION

Name:

Address:

Telephone:

Email:

Birthdate:

Medical License (State and Number):

EDUCATION

Undergraduate

Medical School

Residency

PROJECT INFORMATION

Proposed Project Location:

Proposed Project Description:

Proposed Project Duration:

Proposed Project Start Date:

Proposed Project Complete Date:

Will you work in an already established hospital or clinic?

What is the corporate (legal) structure of the hospital or clinic?

Does the hospital or clinic have a religious or political affiliation?

Does the hospital or clinic limit care based on political affiliation, religious belief or ethnic identity?

What is fee structure for services?

Is care provided regardless of ability to pay?

Contact information for hospital/clinic:

YOUR WORK

To whom will you provide care?

What types of care will you provide?

What is access to care in the community?

What types of care are available in the community?

PO Box 7869 VENTURA, CA 93006

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What are licensure requirements in the host country?

In which types of assistance do you have an interest?

Medical Equipment

Medical Supplies & Pharmaceuticals

Travel/Living Expenses

Short Term rotations of medical professionals

Telemedicine access to medical professionals

FINANCIAL

Provide a budget for your project. Include relevant travel expenses, ongoing living expenses, and any other pertinent expenses or outlays required.

What sources of income or donations will you have prior to beginning your project?

What sources of income or donations will you have during your project?

Do you have student loans which require repayment?

Have repayments begun? If so, what are monthly payments?

Do you have Federal Stafford loans that qualify for Income Based Repayment (IBR)?

Do you have Federal Stafford loans that qualify for Public Service Loan Forgiveness?

Provide 3 professional references.

Provide 3 personal references.

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