

Alumni Association Professional Development (POD) Grant Application Form

The applicant must be a current student from the Drexel University College of Medicine or of the Graduate School of Biomedical Sciences and Professional Studies.

* **P**r**o**fessional **D**evelopment (POD) grants include two levels of funding: POD-Tier1 and POD-Tier2.

|  |  |
| --- | --- |
| POD-Tier1 | POD-Tier2 |
| Conference attendance  | Conference presentation  |
| Up to $100 | Up to $500 |

* POD-Tier1 grants are appropriate for individuals planning to **attend** a recognized medical or scientific conference or a national medical society meeting.
* POD-Tier2 grants are appropriate for individuals planning to **present** at a recognized medical or scientific conference or a national medical society meeting.
* The DUCOM Alumni Association may allocate up to $100 (POD-Tier1 funding) for the registration fee for applicants planning to **attend** a recognized medical or scientific conference or a national medical society meeting. The DUCOM Alumni Board may ask funded conference attendees to provide a brief written report about the conference.
* The DUCOM Alumni Association may allocate up to $500 (POD-Tier2 funding) for applicants **presenting** at a recognized medical or scientific conference or a national medical society meeting. The DUCOM Alumni Board may invite funded grantees to give an oral presentation of the presented work at a Board meeting and/or may request a copy of their presentation .
* An individual may make **one** request **per academic year** for **attendance** at a medical or scientific conference or a national medical society meeting and **up to two** grant requests **per academic year** for **active participation as a presenter at two different conferences**.
* The DUCOM Alumni Association’s support should, conference deadlines permitting, be acknowledged in printed materials (e.g.: posters), presentation slides, and in oral communications for those presenting at a conference/meeting.

Application continues on next page…

For all POD applicants (Tier1 & Tier2):

**Grant Application Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of submission must precede the starting date of the event or conference

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Amount Requested** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For criteria and funding information please visit:* drexel.edu/medicine/StudentOrgGrants

**Project Description**: Provide the name, dates, location of the conference/meeting you will be attending and a budget justification for the funding amount requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For applicants requesting funding to present at a conference or society meeting (POD-Tier2):

You need to:

(1) submit a description of your research project/planned presentation

(2) identify your faculty or staff sponsor

(3) provide a letter of support from your faculty/staff sponsor

**(1) Project Description**: Please provide an overview of your research project, what you plan to present, and in what format (poster, talk …)

**(2) Faculty/Staff Sponsor** (name and email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The sponsor should be a faculty-level professional who knows you in a professional context and is familiar with your research. The sponsor does not have to be Drexel faculty member. Family members should not write letters of support for any Alumni Association grantee.

**(3) Letter of Support**: Please ask the faculty/staff sponsor named above to submit a letter of support on letterhead to medical.alumni@drexel.edu with the funding proposal title listed.

Submit your completed application by email: medical.alumni@drexel.edu. After receiving this form, the Alumni Association may ask for additional information, including a more detailed narrative and budget.