

2012 Alliance Humanitarian Support Stipend

The Alliance of the International College of Surgeons-US section is a charitable organization dedicated to fundraising in support of the US Section of the College. It also seeks to raise awareness of the programs of the College through support of organizations that have complimentary missions. This year, the Alliance is accepting applications for a stipend of not to exceed \$1,000 to be used for support of any of the following; Humanitarian Relief Missions, Funding for a medical student to attend a medical conference, Donations for disaster relief, Other programs in keeping the mission of the International College of Surgeons-US section.

General Information – Eligibility

If you would like to apply for this grant, please complete the following information and submit it for review by May 1, 2012. Please note applications will be reviewed and considered on June 6, 2012. Disbursement will therefore not be made until mid to late June, at the earliest.

Finally, the board reserves the right not to select an application for the stipend if they feel the project/need is not in keeping with the mission of the Alliance or for any other reason. Nor is there a guarantee that the full amount requested will be granted if the application is approved.

How to Enter Complete the application portion of this form and submit it prior to the May 1, 2012 deadline.

Mail all documents to: ICS-US Alliance Stipend Program, 1516 N. Lake Shore Drive Chicago, IL 60610 Or Email to: <u>mkearney@ficsonline.org</u>

The deadline for application submission is Tuesday, May 1, 2012. NO EXCEPTIONS.

Selection and Award Distribution

Applications will be reviewed at the June 6, 2012 Board Meeting of the ICS-US Alliance. Winners will be notified and disbursement of funds will be made after June 20, 2012.

Questions:

Contact Maggie Kearney, Alliance Liaison at 1.800.766.FICS, Ext. 3129 or Email: mkearney@ficsonline.org



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Application Deadline: Tuesday, May 1, 2012. NO EXCEPTIONS.

PART I – Personal Information- PLEASE PRINT OR TYPE ONLY!!!

Name:		
State:	Zip Code:	
Email:		
on(s) ent to attend a medical confe ef	rence	
	State: Email: AM: on(s)	State: Zip Code: Email: AM: on(s) ent to attend a medical conference ef

AMOUNT REQUESTED: \$_____

PART II – Description

Please describe your project/program in depth including: (please use a separate page(s))

- a) Title of the project.
 - b) Description of the purpose/mission statement of the group/individual.
 - c) How the funds will be used.
 - d) Why your project more than any other deserves this award.
 - e) Finally, include how you heard about this opportunity and or list any connections you have to the ICS-US/ ICS-US Alliance.

PART III – Acceptance

Should your application be selected you agree to complete a written report (500 words or less) within 60days of the completion of the program that details the use of the funds, their impact on the overall project, any other relevant details. Reports will become part of the historical record of the program and may be included in future publications by the Alliance and the International College of Surgeons-US Section.

Applicant Signature and Date:

Your signature above affirms that any statements made in this application are true, that you have the authority to request funds for this purpose and that any funds awarded will be used solely for the purposes stated in the application.