# Scholarship Application for Physicians in Developing Countries

## Sponsored by the American Academy of Hospice and Palliative Medicine

**Scholarship Application for  
Physicians in Developing Countries**

**to attend the**

**AAHPM and HPNA Annual Assembly**

**Chicago, Illinois, USA ♦ March 9-12, 2016**

The Developing Countries Scholarship Fund was established to provide access to quality education for physicians who reside in developing countries to attend the AAHPM and HPNA Annual Assembly in Philadelphia. This scholarship program will provide financial support (up to $5,000) to physicians to learn the latest clinical information and research updates in hospice and palliative care from leading experts in the field.

This scholarship program is intended to facilitate Annual Assembly participation and cover ordinary costs associated with meeting registration, travel-related expenses (air fare, cab fare, meals), and lodging.

Eligibility

Scholarships are available to physicians who reside and practice in a developing country and care for seriously ill patients. Preference will be given to applicants who are

### members of the American Academy of Hospice and Palliative Medicine [AAHPM](http://www.aahpm.org/) (free virtual membership is available to physicians who reside in a developing nation as defined by the [World Bank as “lower or middle income](http://data.worldbank.org/about/country-classifications/country-and-lending-groups)” & [HINARI list](http://www.who.int/hinari/eligibility/en) of eligible countries)

### have not previously attended the [Annual Assembly](http://www.annualassembly.org/)

### are junior in their career, and

### whose organizations are considered least able to afford this opportunity.

Timetable

Deadline for applications: August 3, 2015

Notification of awards: November 2015

### Scholarship recipients must participate in a discussion forum during the Annual Assembly by developing a 10 minute presentation briefly portraying the state of hospice and palliative medicine in their region as well as their own role in the provision of such care. Recipients will also be required to submit a written report describing how their attendance at the Annual Assembly benefited their work.

Instructions

Submit the completed application form along with your uploaded curriculum vitae (limit of 2 pages), and a letter of recommendation or support by August 3, 2015. All documents must be in English.

Questions

### Contact Jen Bose at [jbose@aahpm.org](mailto:jbose@aahpm.org)

## Scholarship Application for Physicians in Developing Countries

First Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and Position\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Type of organization\*

( ) government

( ) university

( ) private

( ) other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Country\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (include country code)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization website\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Are you a member of AAHPM?\*

( ) No

( ) Yes

#### Have you previously attended an AAHPM meeting?\*

( ) Yes, please list year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) No

#### Do you know of an AAHPM member who could serve as your sponsor/on-site host?

( ) Yes, name of AAHPM member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) No, but I am interested in having a member identified as my sponsor

### How did you learn about this scholarship?\*

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

### **Please answer the following questions and limit your responses to 500 characters (not words) for each question:**

### 1. Provide an overview of the organization(s) for which you work (if more than one, provide an overview of each). Content could include: date organization was founded, types of patients, settings of care, how organization is funded, how it functions to help provide palliative care in your region, etc...\*

### 2. Provide an overview of the work you do (if you work for more than one organization, provide an over of each). Content could include: job title, number of hours at each job each week, types of activities in which you are involved (patient family care, education, research, advocacy, administration), number of new patients seen each year, types of patients you treat (patients with AIDS, cancer, the elderly, etc.), types of educational programs in which you are involved, etc.\*

### 3. Describe why you are attracted to work in hospice and palliative care.\*

### 4. Describe how your attendance at the Annual Assembly will benefit you and the work you do.\*

### 5. Describe how you will share what you learn at the Annual Assembly with other colleagues in your community, region or country.\*

#### I have read and understand the conditions of the scholarship. I acknowledge that I will secure a Visa on my own by January 12, 2016 or may forfeit the scholarship.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank You!

### Thank you, your application is complete and has been submitted. You will receive a separate notification from the AAHPM office confirming that your application has been received within one week.