**FRANK INDIHAR, MD FUND OF THE ST. PAUL FOUNDATION ADVOCACY GRANT APPLICATION**

**CERTIFICATION PAGE**

**This page must be signed by the applicant and returned as the first page of the grant application.**

All the information provided is complete and accurate to the best of my knowledge. I hereby give the Minnesota Medical Association (MMA) Foundation permission to share this information for the purposes of recruitment and public relations. I hereby certify that I am currently enrolled on a full-time basis in a medical school in Minnesota, am a member of the MMA, and that I will use the MMA Foundation grant award toward the expenses described in this grant application. Falsification of information will result in termination of any award granted. All application materials become the property of the MMA Foundation.

*Please sign and date below:*

Applicant Signature:

Applicant Name (print):

Date of Application:

**FRANK INDIHAR, MD FUND OF THE ST. PAUL FOUNDATION ADVOCACY GRANT APPLICATION**

**To complete a Indihar Advocacy grant application, please provide all the information requested below, and e-mail your completed application, including the signed certification page and letter of recommendation, to:** **kgloege@mnmed.org****.**

**APPLICANT INFORMATION**

**Name:**

**Address (city, state, ZIP):**

**E-mail address:**

**Name of Medical School, Your Current Year & Expected Date of Graduation**

**BASIC INFORMATION**

**Conference Title or Advocacy Training:**

**Amount Requested:**

**Date Funds are Needed:**

**ADVOCACY PROJECT DESCRIPTION**

**Describe the project/research you are presenting:**

**Discuss the objective of the project or research:**

**PROJECT BUDGET**

**Please provide a detailed budget of how you will use the funding requested. Please note: the maximum scholarship award is $1,500 no matter the size of your budge****t.**

**PERSONAL STATEMENT**

**Please provide a personal statement that describes the following:**

* **name, dates, and location of the conference or advocacy training you plan to attend;**
* **how your interests match the themes and/or subthemes for the conference/training**
* **your involvement in the research you are presenting (if applicable)**
* **the expected benefits of attending the conference/training**
* **how you will share or otherwise use the information gained at this conference/training with your fellow students**

**LETTER OF RECOMMENDATION**

**Please submit one (1) letter of recommendation – preferably from a school official who can discuss your achievements, which may include scholarship, advocacy interests, leadership or volunteerism, as well as your potential for future success.**

***Thank you for completing this Frank Indihar, MD Fund of The St. Paul Foundation Advocacy Grant application and for your interest in Minnesota Medical Association Foundation.***