

**Due to current University rules, the primary care conference grant can only reimburse students for conference registration fees and poster printing and not for travel expenses (i.e. flights, hotels, mileage, etc.).**

**CONFERENCE GRANT APPLICATIONS MUST BE SUBMITTED FOR CONSIDERATION PRIOR TO THE CONFERENCE FOR PRE-APPROVAL.**

**Number of Possible Stipends:**

Award amounts will depend on the number of applications, and or available funds and will not exceed $300 for any individual student.

**Purpose:**

The purpose of the Primary Care Conference Grant is to partially reimburse the expenses incurred by current KSOM MD students during primary care (family medicine, general internal medicine, general pediatrics, geriatrics, women’s health) conferences that are related to the student’s training in primary care specialties. The Primary Care Conference Grant is to be considered supplemental to other sources of funding, such as the USC Student Government Conference Travel Grant Program [(http://gsg.usc.edu/finance/conference-travel-grants](http://gsg.usc.edu/finance/conference-travel-grants)).

**Criteria for Application:**

The applicant must be a registered student in the KSOM MD program at the time of the conference. Students may be considered for this grant only if it’s within the current academic year (up to $300). Priority will be given to students who are presenting at the conference, but students who are attending only may also apply. **CONFERENCE GRANT APPLICATIONS MUST BE SUBMITTED FOR CONSIDERATION PRIOR TO THE CONFERENCE FOR PRE-APPROVAL.**

**Application materials include:**

1. A copy of the abstract for the paper/poster that has been accepted at the conference no more than 2000 words (if applicable).
2. Proof that your abstract or presentation has been accepted (i.e., letter from the conference organizers).
3. A brief description of the conference (title, objectives, etc.).
4. A brief description of why you would like to attend the conference.
5. Completion of the attached application form.

Receipts must be provided for expenses inclusive of the grant amount. If you use a credit card to charge the expenses, it must be in your name. Reimbursements cannot be provided if purchases are made with gift cards or points. Note that these funds do not support international travel.

**Conference reimbursement will be mailed in check form after** **the conference has occurred and** **receipts have been submitted to Ilana Greenberg ilana.greenberg@med.usc.edu.**

**The deadline to submit an application will be considered on an ad hoc basis as funding permits from July - June of each academic year.**

**ADDITIONAL REIMBURSEMENT GUIDELINES**

**What information is required on a receipt?**

At a minimum, receipts should provide the following:

* + Name of merchant
	+ Amount of charge
	+ Transaction details (what was purchased)
	+ Form of payment used
	+ Transaction date
	+ Tax and delivery charges (when appliable)

**Want to review some example receipts?**

Follow the link here for some examples: <https://drive.google.com/file/d/1fTAtn5EBZ1bthesnIenJaeBRyHfAZQ86/view?usp=drive_link>

**APPLICANT INFORMATION**

| **Applicant Information** | **Response** |
| --- | --- |
| **Date of Application** |  |
| **Name** |  |
| **Current Mailing Address** **(check will be mailed here)** |  |
| **Year of Anticipated Graduation** |  |
| **Name of Project/Presentation** |  |
| **Name of Conference** |  |
| **Date of Conference** |  |
| **Location of Conference** |  |
| **Name of Peer Collaborators** |  |
| **Are you presenting at the conference?** | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| **Does the conference have a virtual option?**  | \_\_\_\_\_ Yes \_\_\_\_\_ No |

**ESTIMATED COST**

Registration Fee $\_\_\_\_\_\_\_\_\_\_\_

Poster Printing Fee $\_\_\_\_\_\_\_\_\_\_\_

**OTHER SOURCES OF FUNDING**

| **Other Funding Sources** | **Please indicate whether you were granted or denied funding.** | **If granted, please indicate how much.** |
| --- | --- | --- |
| **USC-Stud Gov Travel Grant** |  |  |
| **Conference Fee Waiver** |  |  |
| **Conference Grant/Scholarship**  |  |  |
| **Other Funding Sources** |  |  |

**SHORT ANSWER QUESTIONS**

1. Concise description of project, and/or why you want to attend conference including:
	1. What is your project and/or professional interest in attending the conference?
	2. Who, if any, are your collaborators?
	3. What is your goal in attending the conference?
	4. If applicable, what is your target population?
2. If this project is part of a clerkship, away-rotation or otherwise part of the curriculum, has this project been approved? If so, by whom?
3. Are you in good academic standing? If not, please explain.
4. Please attach any supporting documents when submitting your application via email (abstract, conference acceptance, etc).

**Please submit your full application to:**

Jo Marie Reilly, MD, MPH JoMarie.Reilly@med.usc.edu and

Ilana Greenberg, MPH ilana.greenberg@med.usc.edu