

MSFC Reproductive Health Externship Program Student Application for Funding

I. Applicant Information

Please note that all information provided in this application will primarily be used by MSFC in the Application Review process. Please be assured that your responses will be kept confidential. We may also pull out quotes from this application to share with potential funders of this program and for use in marketing materials. However, names of participating students will NOT be used. All demographic information is intended to be used solely for statistical purposes in reporting to program funders and will not be used to determine distribution of Reproductive Health Externship funding.

- Name _____
Last First Middle Initial
- Citizenship _____ U.S. SSN ____ / ____ / ____
(For U.S. students only)
- Medical School _____ Year in school _____ Expected year of Graduation _____
- Name of Facility where you have arranged Externship: _____
- Current Mailing Address: Valid until (month/day/year) ____ / ____ / ____

Number and Street Apartment Number

City State/Province Postal Code
Telephone Numbers: Home _____ Cell _____ Pager _____
- Permanent Mailing Address: (Note: this should **NOT** be your medical school address)

Number and Street Apartment Number

City State/Province Postal Code
- E-mail Address _____ Do you check often? Yes No

II. Submissions

Please answer questions completely to the best of your ability, limiting each response to one page. Please submit responses with this application form.

- Please explain why you wish to participate in MSFC's Reproductive Health Externship Program. In this statement, please be sure to address what exposure to abortion training you have had and/or what exposure to abortion training you anticipate having in your medical school curriculum.
- Please submit a budget (following the MSFC RHE Budget Format) for all anticipated expenses incurred during the completion of your Reproductive Health Externship.
- All applicants must submit a current letter of standing from their medical school in order to qualify for funding.

III. Signature

I verify that all of the information provided in this application and accompanying materials is true and accurate. I understand that I am responsible for finding my own housing and transportation during my externship. In addition, I understand that I will not be an employee or agent of MSFC during my externship. I agree that MSFC will have no liability for any loss, injury or damage arising out of my activities during the externship or out of conditions or events at my host facility, at my housing location or in the general geographic location of the facility. I agree to indemnify MSFC and any of its agents from any claims related to my externship that are brought by persons making claims on my behalf or as a result of loss, injury or damage to me.

Signature _____ Date _____

Please return this form and all other application materials to:
MSFC RHE Funding Program
PO Box 40188
Philadelphia, PA 19106