



## **PEORIA MEDICAL ALUMNI COUNCIL**

### **FUNDING REQUEST FORMS & GUIDELINES**

The Peoria Medical Alumni Council (PMAC) considers funding requests that further the Council's mission: *To enhance and support educational and humanitarian endeavors for students, residents, faculty, and alumni of the University of Illinois College of Medicine Peoria.*

**Applicants should review the guidelines and criteria below before completing the attached application form(s).**

### **GUIDELINES & CRITERIA**

1. Requests should fall within the PMAC mission and receive approval of the requestor's supervising dean (for student projects, approval of the Asst. Dean for Student Affairs).
2. Students seeking funding for attendance at an educational program should complete ***both*** forms on Pages 2 and 3, and submit a one-page explanation.
3. Completed and approved forms should be provided electronically (via [adv-peoria@uic.edu](mailto:adv-peoria@uic.edu)) and in paper to the Alumni Relations Coordinator in the Office of Advancement and Community Relations to insure receipt.
4. Reimbursements must conform to with University policy.
5. Requests should be made prior to the proposed project, event or travel.
6. The Council encourages requestors to secure matching funding from other sources (i.e., from sponsoring department, hospital, etc.) prior to submission of the request.
7. The requestor shall be notified of the Council's decision via email and in writing.
8. The Council will review requests as necessary or at their regularly scheduled meetings.
9. The Council reserves the right to make multiple awards or to deny any request.

**FUNDING REQUEST FORM**

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

**Contact Person:** \_\_\_\_\_

**Contact Phone Number/Email:** \_\_\_\_\_

**Project/Request Title:** \_\_\_\_\_

**Please indicate classification of request:**

- Scholarly Activity       Equipment       Education
- Program Support       Other \_\_\_\_\_
- \*Student Support to attend scholarly events **(also must complete the Flinn Form on Page 3)**

**Amount Requested:** \$ \_\_\_\_\_

**Other Matching Funds Secured or Requested:**

\$ \_\_\_\_\_ from \_\_\_\_\_  
 \$ \_\_\_\_\_ from \_\_\_\_\_

**Description:** Describe the item or project to be funded below (or attach a separate typed summary). Please describe in detail how the program or event matches the mission of PMAC.

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**Itemized Budget:** \_\_\_\_\_

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**Submitted by:** \_\_\_\_\_

Signature

Date

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(For Council Review Purposes)

- Reviewed by Peoria Medical Alumni Council on \_\_\_\_\_  
(date)
- Funding Approved for \$ \_\_\_\_\_ PMAC Fund \_\_\_\_\_ FLINN Fund \_\_\_\_\_
- Funding Denied
- Comments: \_\_\_\_\_

**Signature of PMAC Chair** \_\_\_\_\_

# Robert A. Flinn, MD, Educational Enhancement Award Sponsored by the Peoria Medical Alumni Council

## APPLICATION FORM

The Peoria Medical Alumni Council provides awards of up to \$1,000 to reimburse a medical student for attendance at an educational program. Reimbursements will be made to cover registration fees, travel expenses, lodging, and meals during the scholarly meeting.

### CRITERIA:

- ▶ Student must be in good academic standing
- ▶ Applications are reviewed for: Clarity of presentation, rationale (demonstrated interest), financial need, appropriateness of attendance at meeting, and overall academic performance.
- ▶ Events must be a state or nationally recognized scholarly meeting, part of an educational/mission event that is appropriate for student attendance or must have CME approval.
- ▶ Students should seek a faculty review, endorsement or sponsor.
- ▶ To be considered, applications must be submitted prior to travel.
- ▶ Forms must be returned to the Office of Advancement and Community Relations. Direct questions to 309-680-8613 or [adv-peoria@uic.edu](mailto:adv-peoria@uic.edu).

### STUDENTS WHO RECEIVE FUNDING ARE EXPECTED TO:

- ▶ Maintain receipts of expenditures for reimbursement.
- ▶ Provide a summary sheet of information learned from the scholarly meeting they attended.
- ▶ Present a five to 10 minute summary at a Peoria Medical Alumni Council meeting.

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

Address: \_\_\_\_\_

Email Address and Phone: \_\_\_\_\_

Name of project *and* scholarly meeting you wish to attend: \_\_\_\_\_

### ▶ **Attach meeting documentation (i.e. brochure, registration form, etc.)**

Date(s) of meeting: \_\_\_\_\_ Location of meeting: \_\_\_\_\_

Approximate Itemized Travel Budget: \_\_\_\_\_

▶ **Attach a one-page document explaining how attending this meeting will enhance your medical education. Electronic submissions should be sent to [adv-peoria@uic.edu](mailto:adv-peoria@uic.edu).**