FUNDING REQUEST FORMS & GUIDELINES

The UICOMP Alumni Council 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 UICOMP Alumni Council’s mission and receive approval of the requester’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) to the Alumni Relations Coordinator in the Office of Advancement and Community Relations.
4. Reimbursements must conform to with University policy.
5. Requests must be made prior to the proposed project, event or travel.
6. The Council encourages requesters to secure matching funding from other sources (i.e., from sponsoring department, hospital, etc.) prior to submission of the request.
7. The requester shall be notified of the Council’s decision via email.
8. The Council will review requests as necessary or at their regularly scheduled meetings.
9. Individual students may be granted one Robert A. Flinn Educational Enhancement Award within any given academic year. The Council reserves the right to make multiple awards or to deny any request.

(rev. 3/16/23)
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).

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Itemized Budget:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Submitted by: ___________________________________________

Signature Date

-------------------------------------------------------------------------------------------------------------(For Council Review Purposes)

□ Reviewed by UICOMP Alumni Council on ___________ (date)

□ Funding Approved for $__________  Medical Alumni Fund _____  FLINN Fund _____

□ Funding Denied

□ Comments: ____________________________________________

Signature of UICOMP Alumni Council Chair ________________________________
Robert A. Flinn, MD, Educational Enhancement Award
Sponsored by the UICOMP Alumni Council

APPLICATION FORM

The UICOMP Alumni Council provides awards to reimburse a medical student for attendance at an educational program. Reimbursements will be made to cover a portion of 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.

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 UICOMP 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.