



Global Initiative for Volunteerism and Education

Application Guidelines

I. Purpose of the Award

- a. Provide financial assistance to OMS residents or members completing fellowship programs to travel internationally with approved programs to deliver humanitarian healthcare to underserved populations.
- b. Provide training and experience in areas of oral and maxillofacial surgery that residents may not traditionally receive in their program.
- c. Provide initial exposure to the rewards associated with providing healthcare to underserved areas of the world.

II. Eligibility of Applicants

- a. Applicants must have a minimum of 24 months of OMS residency training or a member completing a fellowship program.
- b. Applicants must be a member of ROAAOMS or AAOMS.
- c. Applicants must have previously been accepted by an OMS Foundation-approved volunteer surgical program.
- d. Applicants must provide a complete, computer-generated application as well as a letter of recommendation from a program director. Individuals completing fellowships must include details about the program in this letter of recommendation from their fellowship program director.

III. Conditions of the Scholarship

- a. The maximum disbursement for each award will be \$2,500.
- b. Application must be received at least two weeks in advance of scheduled travel.
- c. The stipend will be provided as a reimbursement for expenses up to \$2,500. Disbursements will be issued upon receipt of the required reimbursement form and accompanying receipts upon conclusion of the international travel; with proper receipts, the resident may request up to \$1,000 prior to the trip to assist in paying for such expenses as airfare and/or medical evacuation insurance.
- d. Reimbursement for expenses originating from the program in question are limited to \$500 unless a breakdown of expenses for the resident is provided.
- e. A completed IRS W-9 Form must be provided before any expense reimbursements can be processed (reimbursement of applicable travel costs will not be taxable).
- f. By applying, applicant agrees that photographs taken during the program can be used at the discretion of the Foundation for marketing and communications purposes.
- g. Stipends are non-transferable.

IV. Application Procedures

- a. Applications will be accepted throughout each calendar year on a rolling basis and will be submitted to the Committee for review as they are received.
- b. Notifications for awards are sent out as decisions are made within a two-week time period.
- c. Individuals that do not receive initial approval are placed on a waitlist and may become eligible for the stipend should circumstances change.

V. Selection Criteria

- a. Selection to receive this stipend is based on the sole discretion of the Committee on Humanitarian Programs of the OMS Foundation and the criteria determined by said Committee.
- b. All eligible applications will be reviewed and approved/not approved based on the award criteria.



Resident/Fellow Application
Global Initiative for Volunteerism and Education (G.I.V.E)

The GIVE program provides up to \$2,500 in travel stipends to residents traveling internationally with experienced OMS teams to deliver humanitarian healthcare to underserved populations.

Name:

Address:

Phone: (Mobile preferred):

E-mail:

OMS Training Program:

Program Director:

Volunteer Surgical Program to which you have been accepted:

Lead OMS for the Volunteer Surgical Program:

Dates and location of the Volunteer Surgical Program:

Applicant Education history:

Dental School Attended:

Dates of Attendance: _____ Date of Graduation: _____

Degree(s) Obtained: _____



Medical School Attended:

Dates of Attendance: _____ Date of Graduation: _____

Degree(s) Obtained: _____

Current year in OMS residency: _____

Are you completing a single or dual degree OMS residency?

What professional licenses do you presently hold or plan to obtain prior to your GIVE commitment?

Type of License: _____

License Number: _____

Issuing State/Province: _____ Date of Expiration: _____

Type of License: _____

License Number: _____

Issuing State/Province: _____ Date of Expiration: _____

U. S. Citizenship status (Citizen, Student Visa, etc.): _____

Are you completing a fellowship post-residency?

If yes, what type of fellowship will you be completing? _____

List all languages in which you are fluent:

List past volunteer activities, including dates and duties per volunteer trip:



What do you hope to take away from your GIVE experience? (250 words or less):

Requirements for Consideration and Participation in GIVE

1. Minimum of 24 months of prior OMS residency training
2. Reference letter from residency program director or fellowship program director
3. Obtain appropriate pre-trip medical evaluation and immunizations
4. Purchase medical evacuation insurance (reimbursed by the OMS Foundation)
5. Agree to create and maintain a photographic record of volunteer experience and agree that said photographs can be used by the OMS Foundation for communication and marketing purposes
6. Agree maintain a standard resident surgical log during volunteer experience
7. Agree to submit a report or participate in an interview following the trip
8. Sign the Program's *Disclosure of Foreign Travel Risk and Waiver*

Check here to acknowledge that if trip is canceled, no reimbursement will take place. If partial reimbursement has been received, resident acknowledges return of all funds within 60 days of the first cancellation communication

Return completed form to:
OMS Foundation, 9700 W. Bryn Mawr Ave., Rosemont, IL 60018 | OMSFoundation.org
Fax: 847-678-6254 Email: athomas@omsfoundation.org
Questions? Contact Amanda at 847-233-4351