

Recruitment Conference /Global Health Initiatives Application Form

Please complete all fields in this form.

****Personal Information****

Full Name: _____

Role/Position: _____

****Organization Details****

Name of Organization You Will Be Supporting:

Organization Location/Trip Destination:

Proposed Trip Dates: _____

Sponsoring YNHH/YSM Faculty /Office: _____

Program Director Approval Obtained YES NO

Have you discussed and received approval from the faculty you will be accompanying?
YES NO N/A

If yes, please indicate the Faculty name and organization _____

Do you have an accompanying faculty support statement or letter?

If yes, please attach here

****Purpose and Mission****

What is the mission of the organization? (Please provide as much detail as possible)

Why are you interested in supporting this organization?

How will your participation support our department as a whole?

****Resource Request****

What resources are you looking for? Please specify type and amount (e.g., time off, financial support, equipment):

****Signature****

I confirm that all information provided in this application is accurate and complete.

Signature: _____ Date: _____

For Office Use Only:

Application Received: _____

Reviewed By: _____

Status: _____

Notes: _____