**Rural and Tribal Medicine Research Award**

Thank you for your interest in UMKC's Rural and Tribal Research Award funded by a grant from the Health Resources and Services Administration (HRSA). This award is part of UMKC’s rural medical education program funded in part by HRSA to support medical student training and development for students with a goal to practice in rural, under-served/under resourced, and tribal areas. If you have a research project focused on rural or tribal health, please complete the linked application to apply for a research stipend. The stipend will allow for reimbursement for travel to a conference or related research project needs. Awards will be based on how closely the student application and research project match with the goals of the UMKC program and HRSA grant. If you have previously received an award, a second award will be considered on a case-by-case basis.

*All required fields must be completed for your application to be considered.*

**Please contact Dr. Paula Monaghan Nichols (nicholsap@umkc.edu) and Dr. Michael Wacker (wackerm@umkc.edu) to submit your application or with further questions.**

**Section 1: Personal Data:**

Last Name:

First Name:

Email (confirmations are sent to this email address):

Phone Number (to notify student of any programming changes):

Student ID:

Current Medical School Class:

Expected Graduation Date:

**Section 2: Academic Information:**

Overall GPA:

Science GPA:

**Section 3: Demographic information:**

This is a voluntary program sponsored by HRSA. HRSA requires specific demographic information to be collected to justify funding of programs. This information is required for you to participate and receive funding. By submitting this application form, the student agrees to these terms and attests that all information provided is accurate.

What gender were you assigned at birth (please circle or check)?

Male

Female

What year were you born?

Please specify your ethnicity (please circle or check):

Latino or Hispanic

Non-Latino/ Non-Hispanic

With what race do you identify (please circle or check **only one**)?

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

What is your veteran status (please circle or check only one)?

Not a veteran

Active-duty military

National guard

Reservist

Veteran—prior service

Veteran—retired

What is your annual household income (please circle or check)?

Less than $25,000
$25,000 - $50,000
$50,000 - $100,000
$100,000 - $200,000
More than $200,000

Where do you consider to be your “hometown”?

What is your current medical field of interest (Please circle or list)?

Family Practice/Primary Care

Internal Medicine

Behavioral Health

Other specialist field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Rural Research Training**

Please briefly summarize your current research project and how it relates to a significant health problem(s) disproportionately affecting rural, tribal, or underserved areas.

Please indicate how your current activities or future plans align with HRSA’s mission to increase medical workforce, training, and support for rural, tribal, and medically underserved areas.

Please describe your need for research funding and provide specifics on how it will be used (travel to a conference, need for special reagents, clinical trial expenses etc.). If it is to be used for travel to a conference please indicate the dates, name of conference, and if you are presenting.

Please provide an estimated budget below. Identify the total amount requested (not to exceed $2500). Please provide a breakdown of the estimated costs and how you would use the funds. If attending a conference, please provide a copy of flight, hotel, conference registration costs if available.

If you have had an abstract accepted to a meeting please copy and paste it here, indicating if it is a talk, poster presentation, or other activity (e.g. workshop, training).

**Students that receive funding must:**

**1. Present a poster at the Health Sciences Student Research Summit prior to graduation**

**2. Acknowledge HRSA grant funding on all publications and presentations. This is the wording that should be used:**

*This student/project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $7,640,000 with 10% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*

**3. Submit a list of research achievements and updates to Dr. Nichols and Dr. Wacker by March 30th to be included in HRSA grant progress reports.**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Mentor:**

**I acknowledge that I have read the proposal and agree to its terms. I approve the current application for research funding and will provide mentorship for the project ensuring that the funds are used as outlined.**

**Mentor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**