

## SHM Scholarship Application

1. Please select whether you are applying for the Summer Scholarship or Longitudinal Scholarship
2. How did you hear about the scholarship?
3. Project Title:
4. Location Project will be Conducted:
5. Project Start Date:
6. Project End Date:
7. Project Proposal:

The project proposal should be formulated after extensive discussion between the applicant and the proposed mentors. The project should identify a suitable scholarly or quality improvement project that is up-to-date, instructive, and feasible for a summer project.

Written proposals should be limited to two single-spaced pages and should use the following format.

### Page One: Project Proposal with the following headings:

1. Project Title
2. Statement of the Problem and its importance or relevance to quality of care and/or patient safety
3. Project objective (s): What will this project accomplish?
4. Project design to achieve the objective: How will you accomplish this objective?
5. Outcome measures: What measures will you use to determine if the project was successful?
6. Implications: What do you hope to accomplish from this project (e.g. hospital or policy changes, publication in the peer-reviewed literature)

### Page Two: Ancillary materials with the following headings:

1. Budget and indication of ancillary research support:
  - Summer Program: Please provide a line item budget of all ancillary research support
  - Longitudinal Program: Please provide a line item budget of all expenses for the project.
2. Personal statement: 2 to 3 paragraph personal statement explaining
  - Your motivation to do this project
  - How this project fits into your goals
  - How much time you have to commit to this project
3. Project Timeline: an outline of when you expect to achieve milestone events for each project.

\*Please upload document:

7. CV or Resume

\*Please upload document

8. Letter of Good Standing from Dean's office or equivalent highlighting student's commitment to the program and school commitment to having the student present at the SHM conference.

\*Please upload document

9. Contact information for us to confirm the agreement with your mentor. Note: They must accept the agreement prior to the scholarship application deadline in order to be considered for the scholarship.
  - a. Please provide the name of your mentor
  - b. Please provide the email address of your mentor
  - c. Please provide the Hospital Name/Employer of your mentor