

CENTER FOR GLOBAL HEALTH NURSING SCHOLARSHIP APPLICATION

PROPOSED BUDGET

Please define your proposed expenses for travel and project related expenses. Please note each scholarship can provide up to \$5,000 (USD) and you will need to cover the remainder expenses using other sources:

Name: _____

Host Organization/Country: _____

Expected Dates of Travel: _____

Item	Cost
Strongly Recommended	
Health Screening with Primary Care Provider	
Travel Health Consult Fee	
US Health Insurance	
Travel Health Insurance	
Major Expenses	
Vaccinations	
Malaria Prophylaxis	
Post-Exp. Prophylaxis (HIV) (if clinical/direct care experience)	
Airfare	
Visa	
Airport fees/Departure Tax	
Taxi/Bus/Rail	
Housing	
Food	
Phone	
Please list other items that will be > \$50USD value	
Project Supplies:	
Project Supplies:	
Other:	
TOTAL COST	

Please indicate if you are applying for and/or have received additional sources of funding for this project/experience.

Name of Award/Funding Source	Amount