

# HTPN VOLUNTEERS-IN-MEDICINE

## International Medical Mission Trip Scholarship Application



The Volunteers-In-Medicine committee has provided HTPN physicians and staff with opportunities to take part in the reduction of health disparities throughout the local community and beyond. The scholarship is intended to support this mission in healing the sick and relieving suffering worldwide.

Please submit this application to apply for a \$1,500 scholarship to an international medical mission trip. Submissions are to be sent to Cynthia Barrera via email at [cynthia.barrera@baylorhealth.edu](mailto:cynthia.barrera@baylorhealth.edu)

### PERSONAL INFORMATION:

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
HTPN Practice Name						
Are you a physician on guarantee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
How many years have you been with HTPN?	Less than a year <input type="checkbox"/>	1-2 years <input type="checkbox"/>	≥3 years <input type="checkbox"/>			

### MEDICAL MISSION INFORMATION

**About your previous mission work:**

Will this be your first time going on a medical mission trip?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>If yes, please answer the questions below:</i>			
1. How many medical mission trips have you participated in?			
2. Have these trips been through Baylor?			

**About the upcoming mission trip:**

Name of the organization	
Travel dates	
Location	
Total cost of the trip	
Tell us about the organization	

### FOR BAYLOR COMMUNITY CARE PROVIDERS ONLY

In lieu of financial support, you may request to not use your paid-time-off (PTO) during the days you will be doing international mission work. The maximum number of days you can request are 5 days per year.

How many days of PTO are you requesting?	
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**ESSAY**

Tell us why you are interested in going on this medical mission trip. How will this work influence more volunteerism within Baylor?  
Please provide any other information that you would like to share.

\*If selected for the scholarship, the VIM may ask you to present at a committee meeting about your experience.

**FOR INTERNAL USE ONLY**

Date Submitted	
Approval Committee	
Committee Approved	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Approved/Denied	
Other Notes	