



ICGMV Fellowship Scholarship Application

I, _____, understand that this application will be available only to qualified people who need to see it in this course of their duties. If selected to receive Weil Foundation funding, I agree to attend the ICGMV Fellowship dates I indicated interest in in this application.

This application is my own work. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature

Date (DD/MM/YYYY)

A. You, the Applicant

1. What is your legal name in full?

LAST FIRST M.I.

2. What is your home address?

STREET AND NUMBER

CITY STATE ZIP CODE

3. What is your work address?

STREET AND NUMBER

CITY STATE ZIP CODE

3. Best telephone: _____

4. Best email address: _____

5. How did you hear about the ICGMV Fellowship?

ICGMV CONFERENCE EMAIL/NEWSLETTER SOCIAL MEDIA WORD OF MOUTH

REFERRAL: _____ OTHER: _____

6. Which days would you like to attend the fellowship? The fellowship runs sequentially from Monday, July 15th to Friday, July 19th.

MONDAY, JULY 15TH TUESDAY, JULY 16TH WEDNESDAY, JULY 17TH

THURSDAY, JULY 18TH FRIDAY, JULY 19TH

7. Are you applying as an individual or on the behalf of a nonprofit?

INDIVIDUAL NONPROFIT

If INDIVIDUAL, see PAGE 2.

If NONPROFIT, see PAGE 3.



Individual

1. What is your highest level of education?

- HIGH SCHOOL GRADUATE BACHELOR DEGREE
- GED OR EQUIVALENT MASTER'S DEGREE
- SOME COLLEGE PROFESSIONAL DOCTORATE DEGREE
- ASSOCIATE DEGREE ACADEMIC DOCTORATE DEGREE
- OTHER: _____

2. What is your household income?

- <\$12,000 \$60,000 to \$80,000
- \$12,000 to \$20,000 \$80,000 to \$100,000
- \$20,000 to \$40,000 \$100,000 +
- \$40,000 to \$60,000 Prefer not to answer

3. How many people are in your household?

4. What is your current employment status?

- FULL-TIME EMPLOYEE INDEPENDENT CONTRACTOR
- PART-TIME EMPLOYEE INTERN OR APPRENTICE
- CONTRACT-EMPLOYEE UNEMPLOYED
- INDEPENDENT CONTRACTOR VOLUNTEER
- TEMPORARY OR SEASONAL EMPLOYEE PREFER NOT TO ANSWER
- OTHER: _____

5. If employed, what is your place of employment?

6. If employed, what is your role?

See PAGE 4.

Nonprofit

1. What is the official name of your nonprofit?

2. What is your EIN number?

3. What is your nonprofit's mission statement?

4. Please provide a link to your organization's website and/or social media.

5. How many individuals from your organization are interested in attending the fellowship with this scholarship?

See PAGE 4.



Scholarship Amount

1. The suggested payment for the fellowship is \$1,500 per person for the full week, or \$300 per day. What level of financial scholarship are you applying for?

FULL SCHOLARSHIP

PARTIAL SCHOLARSHIP

2. We do not provide scholarships to all participants. We provide funding based on need. All applications will be carefully reviewed for financial need. Please describe your financial need. If requesting a partial scholarship, please quantify the specific amount of financial support your or your organization is requesting. (Up to 200 words)

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B. Your Aspirations

1. What issues, needs, or problems in your community do you hope to address with group medical visits? (Up to 250 words)

See PAGE 6.



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2. In what ways will you/your organization forward ICGMV's mission of increasing access to integrative medicine in underserved populations? (Up to 250 words)

Thank you!

Please email this application to icgmv.charlotte@gmail.com.