



**APPLICATION FOR THE
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

TO: California Medical Association Foundation
3835 North Freeway Blvd., Suite 100
Sacramento, California 95834

DATE: _____

TITLE OF PROJECT: _____

Educational	
Advocacy	

Community Service	
Other	

TOTAL AMOUNT REQUESTED: \$ _____

APPLICANT Local Chapter _____
Local Chapter Representative Last name, First name, Initial
Social Security Number
Degree(s), Date(s) received or pending
Present Institution
Street and number, City, State, Zip code *
Telephone, Facsimile, E-mail

* Checks will be mailed to this address unless otherwise specified.

In applying for this grant, we agree to utilize these funds for the purposes described in this application.

Applicant Signature _____

DESCRIPTION OF PROJECT:

Use this space to summarize concisely your proposed project or program to be supported, explaining its contribution to the community and to medical student education. (You may use a maximum of 250 words.)

BUDGET:

Explain how your proposed grant will be spent (include a short budget indicating estimated expenses).

How will you evaluate the success or contribution of your project? _____

Signature of the Medical School Dean or designee affirming “good status” standing of the applicant or student group.

Name, Medical School Dean or Designee (<i>please print</i>):	
Phone Number:	
Signature:	Date:

INSTRUCTIONS FOR THE APPLICATION FORM

- The local chapter must submit
 - 1) Application
 - 2) Work plan
 - 3) Budget
 - 4) Timeline
- The project contact is the person with responsibility for the project or program for which funds are requested.
- The program categories allow the foundation to track applications according to general program categories. Please check the one category that best describes the organization/project.
- Completed applications will be considered the first week of the following month.

Send or e-mail the completed application to:

CMA Foundation
3835 North Freeway Blvd., Suite 100
Sacramento, California 95834
T – (916) 779-6620
F – (916) 779-6658
cmf@thecmafoundation.org