



**Stony Brook  
Medicine**

**Drs. Richard and Philip Messina Award for Excellence in  
Global Initiatives**

**Deadline Date: February 1, 2018**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

The Drs. Richard and Philip Messina Award for Excellence in Global Initiatives is pleased to offer scholarships to Stony Brook School of Medicine student/students and a Stony Brook Medicine Ophthalmology resident annually to assist in offsetting the costs of the travel expenses of participating in a mission organized by A Promise to Peru, Inc.

Please list the name of the country to which you will be traveling: \_\_\_\_\_

Please list the dates you will be traveling: \_\_\_\_\_

Reason you are interested in participating in the mission: \_\_\_\_\_

\_\_\_\_\_

Medical expertise that you hope to provide: \_\_\_\_\_

Your professional goals for participating in this mission: \_\_\_\_\_

\_\_\_\_\_

Your personal goals for participating in the mission: \_\_\_\_\_

\_\_\_\_\_

Your approximate expenditures for this trip: \_\_\_\_\_

Please write a 250 word essay as to why you should receive this stipend (attach with your application):



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- I am a student in good standing
- I agree to purchase evacuation insurance.
- I will submit an elective evaluation form on my return.
- All of the information in this application is true to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email the completed application to [Kimberly.Malamutt@stonybrookmedicine.edu](mailto:Kimberly.Malamutt@stonybrookmedicine.edu)  
or fax the application to: (631) 444-9376**

**Please note that the funds awarded will be distributed on return from the medical mission.  
Receipts for travel will need to be submitted to Kimberly Malamutt before the award can be  
processed.**