



MEDICAL STUDENT INTEREST GROUP 2011 MATCHING GRANT PROGRAM

APPLICATION

Date of Application: _____

Contact Individual _____ E-mail _____

(1) Department/Institution _____

(2) Please specify if this is a NEW _____ or an EXISTING _____ MSIG.

(3) Abstract: (Limit to 150 words: please describe the MSIG program)

(4) Budget (Using this basic format, insert your budget) ICPI will match up to \$1,000 in Departmental Funds.

Operating Expenses	Department Funds	Request from ICPI
Salary Expenses		
Print Materials		
Catering		
Audio Visual		
Special Event Expenses		
Other		
TOTAL		(maximum \$1,000)

(5) Project Details –(maximum length 2 pages; if this is an existing program, explain your current program and how ICPI's matching funds can enhance your program; if this is a new program, explain what mechanisms you will use to attract students to the program).

Please submit your application to icpi@asip.org using the Subject line "MSIG Application"