



**MEDICAL STUDENT INTEREST GROUP
2009 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)

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

(5) Optional: 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”