



# SIU SCHOOL of MEDICINE

## Request for Resident Resource Funding RESEARCH ACTIVITIES

**Name:**

**Date:**

**Training Program:**

**Training Completion Date:**

**Program Director:**

**Program Coordinator:**

**Current Training Level:** ☐ PGY1 ☐ PGY2 ☐ PGY3 ☐ PGY4 ☐ PGY5 ☐ PGY6 ☐ PGY7

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In order to qualify for funding:

- ✓ Resident must have a minimum of six months of training remaining at the time of application.
- ✓ Applicants can only receive one award per year.
- ✓ Request must be for materials or activities that do not have funding.

Award allocation:

- ✓ If the company will send an invoice, OGME can pay the fee directly. Applicant must provide an invoice within 14 days of award notification.
- ✓ If requesting reimbursement: Receipts verifying expenses must be provided to OGME within 14 days of award notification.
- ✓ Applicant will be required to provide necessary personal information and sign/date SIU Foundation documentation before reimbursement can be processed.

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**Materials/Activities for which you are requesting funding:**

**Amount of Funding Requested (maximum award is capped at \$250):**

**Narrative Description of the research project / activities you are conducting, include why you need funding.**

**Does your program / department provide any funding for research activities?**

**Has your program or department denied funding for this specific request?  
Please explain:**

☐ YES ☐ NO

**Please proceed to page 2**



The following required documentation must be submitted with this form:

☐ Verification of expense (receipt, screen shot of web page, etc.)

*By signing below, I attest that this expense is not eligible for program/department funding and that I have received no reimbursement for the dollar amount being requested.*

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**Applicant Signature** **Date**

*By signing below, I confirm that this expense is not eligible for program/department funding and I believe these activities would be of benefit to the resident's education.*

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**Program Director Signature** **Date**

Submit completed form and all required supporting documentation to Jennifer Rodgers, OGME, [jrodgers@siumed.edu](mailto:jrodgers@siumed.edu). Applicant and Program Director signatures must be obtained prior to submission.

The House Staff Board of Directors reviews applications a minimum of four times per academic year.