



## **EMERY A. WILSON ACADEMIC ENRICHMENT PROGRAM**

### OVERVIEW

Emery A. Wilson, M.D., is known for his commitment to medical students. In October 2003, the Medical Alumni Association and Dr. Wilson's colleagues established the Emery A. Wilson Academic Enrichment Program in recognition of his emphasis on developing expanded educational opportunities for students. This program is intended to provide support to student-led initiatives and projects that enhance the learning and academic experience of medical students.

The Medical Alumni Association Executive Committee evaluates student proposals and awards funding based on the guidelines below. A maximum of \$1,000 per request is awarded semi-annually to selected projects.

### GUIDELINES

Projects should demonstrate enhancement of the student's learning and academic experience; however, projects that promote medicine and increase visibility, awareness and/or goodwill of the College of Medicine in the Commonwealth of Kentucky will be given preference.

Funding may also be available for research projects and/or participation in conventions, seminars or workshops. Funding will **not** be awarded for food and/or travel expenses.

Projects should involve and/or have the ability to affect more than one student from the College of Medicine and should reflect the mission and current initiatives of the College of Medicine.

All proposals must be co-signed by a faculty member. Priority will be given to proposals that involve one or more College of Medicine alumni as partners, advisors or mentors.

It is the Medical Alumni Association's intent to leverage the limited funds available, while distributing funds as equally and fairly as possible. Additional guidelines for distributing funds among projects that meet the above guidelines include:

- attempting to fund a diverse group of projects that represent a variety of interests;
- funding projects that reach a large number of students; and
- funding projects that are defined by quality proposals and applications that demonstrate clear and correct writing and adherence to guidelines stated on the application form.

## APPLICATION

The attached application form must be submitted with all requests for funding. Proposals will be reviewed semi-annually by the Medical Alumni Association Executive Committee.

To be considered for funding, complete proposals must be submitted to the Office of Alumni and Development by 5:00 p.m. on the following dates:

2016-2017

Fall Funding – Friday, September 23, 2016

Spring Funding – Friday, March 17, 2017

Submit applications by:

Mail UK College of Medicine  
Office of Alumni and Development  
Attn: Kristin Shattuck  
PO Box 34184  
Lexington, KY 40588

Email [kristin.shattuck@uky.edu](mailto:kristin.shattuck@uky.edu)

Fax 859-257-3723

## RECEIVING AN AWARD

Requests for reimbursement must include original receipt(s) and should be submitted to the Office of Alumni and Development. Reimbursement requests must be submitted within one year of award notification. After one year, any remaining funds are not available to the award recipient.

Recipients must present their project during the fall or spring Medical Alumni Association board meeting.

For additional information, please contact the Office of Alumni and Development at 859-323-5834.



**EMERY A. WILSON ACADEMIC ENRICHMENT PROGRAM**  
**Funding Request Form**

*Completion of this form is required for your funding request to be considered.*

Date \_\_\_\_\_

Project Name \_\_\_\_\_

Applicant Name(s) \_\_\_\_\_

Student Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (budget detail must be attached)

Faculty Member Name and Department (required) \_\_\_\_\_

College of Medicine Alumni Name \_\_\_\_\_

Please respond to the following request for information on a separate sheet, not to exceed three typed pages.

1. Provide a brief, but complete, description of the project.
2. Describe the purpose of the project. Include goals and objectives.
3. Describe how the project will benefit the student(s), College of Medicine, and/or Commonwealth of Kentucky.
4. Describe the proposed timeline for the completion of the project.
5. Describe how this project will enhance your learning experience. What classroom or clinical concepts will be reinforced or expanded upon during this project?
6. Attach a copy of the proposed total project budget indicating specific use of the Emery A. Wilson Academic Enrichment Program funds and funds from other sources, including your own personal contribution.
7. Attach any relevant supporting documentation.

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Signature of Faculty Member