



The Smile Train
 41 Madison Ave, 28th Floor, New York, NY 10010, USA
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Education & Training Grant Application

WHAT Smile Train Education & Training Grants are designed to help medical professionals, hospitals, and organizations improve the proficiency, safety, and quality of cleft care provided for poor children in developing countries. These grants may be used towards symposiums, workshops, team building, one-on-one training, materials development, visiting professors, training missions, etc.

HOW Submit this application with the following: **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** background information on the project and the host institution **3)** a draft symposium or training agenda (if applicable) **4)** a program budget Send to: The Smile Train, 41 Madison Ave, 28th Floor, New York, NY 10010, USA.

About You

Applicant		Title	
Hospital/Organization		Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		State/Province	Postal code
			Country
Telephone	Fax	Email	Web site

About the Program

Medical professional overseeing the project <i>(Please submit CV)</i>	Who will do the training?	Experience as a cleft care trainer
Format and objectives (if a symposium, include dates and location)	Suggested faculty, including faculty titles and affiliations, and proposed topics, if applicable	
How the educational program will be evaluated	Academic/medical school sponsor, and Continuing Medical Credits, if applicable	Any fees/scholarships/discounts that are involved

How a Smile Train Grant Will Help

Amount requested \$ _____	Number of medical professionals to be trained	Type of medical professionals trained
Length of training	Type of training	Number of poor children who will receive cleft care during the training

How will this grant improve the quality of cleft care provided? *(Please explain)*

Please attach any additional information as needed.
 I certify that the information in this application is true and accurate.

Signed	Name	Title	Date