APPLICATION FORM - NEVOLA FUND

Application Date: ____________________

Name of applicant(s): ____________________________________________________

Anticipated Event/Project Date(s):
______________________________________________________________________

Project Details:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Explain how this project relates to Nevola subjects (spirituality, humanity in medicine, clinician self-care and wellness):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Amount requested (please attach quote):
________________________________________________________________________________

Please list other funding sources for your event/project (either secured or applied for):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How will this event/project benefit central Maine?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How does this event/project relate to the mission of MDFMR (please see www.mainedartmouth.org to review)? How will residents be invited to participate?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Who will be involved in organizing this project? Please list names of any collaborators within the residency and partners in the community.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
You may be asked to present findings or lessons learned once the event/project is complete.

Signature: ________________________________  Date: ____________________________

If you have any questions or would like to discuss your ideas, please contact barbara.moss@mainegeneral.org

**Return completed applications to:**

Dr. Barbara Moss  
Maine-Dartmouth Family Medicine Residency  
15 East Chestnut St.  
Augusta, ME 04330

OR return via email: barbara.moss@mainegeneral.org