

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