

**BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION**  
**Student Award Program**  
**Part 1 – Application Form**

Doctoral Student Applicant Information (name, telephone, email, and university information):

Prefix: \_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_

Telephone: \_\_\_\_\_ University Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

University: \_\_\_\_\_

School/College: \_\_\_\_\_

Department: \_\_\_\_\_

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Faculty Advisor Information (name, telephone, university mailing address and university email):

Prefix: \_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_

Address (Line 1): \_\_\_\_\_

Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ University Email: \_\_\_\_\_

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Expected Research Start Date: \_\_\_\_\_ Expected Research Completion Date: \_\_\_\_\_

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Project Title: \_\_\_\_\_

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Synopsis of Project (one sentence overview, approximately 150 words):

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Department Head (name, phone number, and, email address):

Prefix: \_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_

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University President (name, phone number, and, email address):

Prefix: \_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_

**BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION**  
**Student Award Program**  
**Part 2 – Project Abstract**

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Purpose of Project (approximately 300 words):

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How this Work Addresses Health Equity and Social Determinants of Health (approximately 150 words)

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Expected Results of Project, Impact, and Dissemination Strategy (approximately 400 words):

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Implications to Cost, Quality, and/or Access to Healthcare (approximately 150 words):

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**BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION**  
**Student Award Program**  
**Part 3 – Project Proposal**

Project Proposal (approximately 2,000-3,000 words, double spaced proposal detailing the project which can be either typed in form or attached to application packet):

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**Please complete application packet and email it with your signed Terms and Conditions to: [foundation@bcbsm.com](mailto:foundation@bcbsm.com), subject line: "Student Award Program".**

BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION  
Student Award Program  
Part 4 – Letter of Endorsement from Faculty Advisory

I, \_\_\_\_\_ [Name of Faculty Advisor], offer my support for  
\_\_\_\_\_ [Student's Name] and their application for the Blue Cross  
Blue Shield of Michigan Foundation's Student Award Program. I have had the pleasure of  
teaching \_\_\_\_\_ [Student's Name] at the  
\_\_\_\_\_ [Name of School and Department] for the last  
\_\_\_\_\_ year(s).

\*Eligibility for Consideration for a Student Award Program Grant

Is the student in good academic standing: \_\_Yes \_\_No

What was the IRB decision (e.g., exempt, approved, denied, awaiting decision): \_\_\_\_\_

\*Provide Your Recommendation for Student Applicant (300-400 words):

In summary, I recommend \_\_\_\_\_ [Student's Name] as a  
candidate for the BCBSM Foundation's Student Award Program.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete application packet and email it with your signed Terms and Conditions to:  
[foundation@bcbsm.com](mailto:foundation@bcbsm.com), subject line: "Student Award Program".

# Blue Cross and Blue Shield of Michigan Foundation

## Student Award Program

### Terms and Conditions of Grant

To induce the Blue Cross and Blue Shield of Michigan Foundation, herein known as the BCBSM Foundation, to make the institution and advisor to accept and agree to comply with the following conditions.

#### 1. **PAYMENT AND REPORTING SCHEDULE.**

Submit the materials according to the instructions below. Payments are made subject to receipt of the requested materials, via direct deposit.

Due	Required Material	Provided by	Amount Paid
Initial Payment	Acceptance Letter IRB Approval Terms & Conditions	Faculty Advisor	75%
12 Months/ Final Payment	Final Report Approved by Faculty Advisor Final Invoice from Institution	Faculty Advisor	25%

#### 2. **PUBLIC REPORTING.**

The BCBSM Foundation will report this grant in its next annual report. In all public statements concerning the Blue Cross and Blue Shield of Michigan Foundation, such as publications, articles, papers, press releases, bulletins, or other announcements, students are specifically requested to refer to the Foundation by its full name. The acknowledgment should read: "This research was supported by a Student Award Program grant from the Blue Cross and Blue Shield of Michigan Foundation."

#### 3. **ELIGIBILITY.**

Grantee eligibility is subject to continuing student status. Blue Cross and Blue Shield of Michigan employees, members of their immediate families, and employees and immediate family members of any Blue and Cross Blue Shield of Michigan affiliate and/or subsidiary are not eligible.

#### 4. **GRANT REVERSION AND TERMINATION.**

The BCBSM Foundation, at its sole option, may terminate the grant at any time if, in the Foundation's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be able to accomplish the purposes of the grant, or fails to comply with any of the conditions hereof or fails, in the Foundation's view, to make satisfactory progress toward the accomplishment of project goals (without adequately notifying the Foundation).

If the grant is terminated, the grantee shall, upon request of the Foundation, provide to the Foundation a full accounting of the receipt and disbursement of the funds and expenditures incurred under the grant as of the effective date of termination. The grantee shall repay within thirty (30) days after written request by the Foundation all grant funds unexpended as of the effective date of termination and all grant funds expended for

purposes or items allocable to the period of time subsequent to the effective date of termination.

**5. EXTENSION REQUESTS.**

We will grant an extension of the final report deadline for cause. To request an extension, submit a brief letter at least one month prior to the final due date. Explain why you need the extension and the revised completion date.

The foregoing conditions are hereby accepted and agreed to as of the date indicated.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GRANTEE INSTITUTION

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF INSTITUTIONAL OFFICIAL

\_\_\_\_\_  
TITLE OF INSTITUTIONAL OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF FACULTY ADVISOR

**Please complete this form and email it with your completed application to [foundation@bcbsm.com](mailto:foundation@bcbsm.com), subject line "Student Award Program"**

**Did you include the following?**

- ✓ **Completed application**
- ✓ **Copy of IRB approval (if applicable)**
- ✓ **Copy of CV**
- ✓ **Signed Terms and Conditions by the faculty advisor**