



Healthcare Professional In Training Scholarship Request Form

Instructions for the Applicant

To apply for a scholarship from Mindray North America, please send a completed form and supporting documentation via email to grantscommittee@mindray.com.

General Information Regarding Requester and Recipient			
Recipient's Full Legal Name ¹		Recipient's Address	
Recipient's Phone Number		Recipient's Fax Number	
Recipient's Website			
Funding Due Date		Recipient's Tax Number	
Recipient's Tax Exempt Status	501(c)(3) (Tax-exempt charitable organization)	501(c)(6)	Not tax exempt
	Other. Describe:		
Person Completing Form (Requester)		Requester's Title and Position with Recipient	
Requester's Phone Number		Requester's Email	

Scholarship Related Information			
Mindray North America provides a limited number of scholarships to major society or instructional courses with robust agendas that are directly or indirectly related to disease states related to Mindray products located in the United States in non-resort locations.			
Event Name			
Event Website			
Event Date(s)		Registration Fee \$	
Event Location	City, State:		Facility/Hotel:
	Location Website (if available):		
Event Type	Association National/Regional Meeting ²	Grand Rounds ³	Scientific Round Table ⁴
	Other. Describe:		

¹ The "Recipient" is not the healthcare professional in training who will benefit from the scholarship. It is the training institution or meeting sponsor that will receive the scholarships to distribute to the healthcare professional(s) in training. It is also the name that should be on the check or wire transfer.

² Nationally or regionally recognized, bona fide, independent, educational, scientific or policy-making conferences or congresses regarding conditions and disease states related to Mindray products.

³ Using patient cases to present and discuss treatment for conditions and disease states related to Mindray products.

⁴ High caliber, scientifically valuable roundtables, panels, or discussion groups directed at advancing the state of medical knowledge regarding conditions and disease states related to Mindray products.

Scholarship Related Information	
Describe Event Purpose and Content and how funding will be recognized, e.g. Program materials.	
Funding Request	Registration Fee [\$ x (Number of scholarships)] \$
	Travel [\$ x (Number of scholarships)] \$
	Lodging [\$ x (Number of nights) x (Number of scholarships)] \$
	Meals [\$ x (Number of Meals) x (Number of scholarships)] \$
	Total Funding Request \$
Healthcare Professional Names and Training Status (Separately provide additional names as necessary) (If selecting "Other" under training status, separately explain training status)	Name:
	Training Status: Fellow Medical Student Resident Other:
	Name:
	Training Status: Fellow Medical Student Resident Other:
	Name:
	Training Status: Fellow Medical Student Resident Other:
	Name:
Training Status: Fellow Medical Student Resident Other:	
Describe how scholarship(s) will be used and/or distributed	

Support Documentation

Provide the following supporting documentation. If not available or applicable, check the Not Available/Applicable box.

1. If the Recipient is a tax-exempt organization, a copy of the Recipient's IRS tax exempt determination letter. **Required for 501(c)(3) or 501(c)(6) Recipients.**

Not Available/Applicable

2. A speaker list. If the speakers have not been finalized, attach a list of planned and invited speakers.

Not applicable

3. A copy of the agenda. If an agenda is not available and the event is similar to a previous event, attach the agenda from the most recent past event.

Not Available/Applicable

4. A copy of promotional materials for the event. If the promotional materials are not finalized, provide current drafts or samples from the most recent past event.

Not Available/Applicable

5. Documentation establishing each healthcare professional's training status. (Only to be provided if approved.)

Available/Applicable

Certificate of Compliance

I, the undersigned, certify that to the best of my knowledge, the following statements are true with respect to this request:

1. The Recipient, its personnel, and I did not, implicitly or explicitly, solicit the scholarship(s) in return for an agreement to purchase, use, order, or recommend Mindray products.
2. No Mindray representative implicitly or explicitly offered the scholarship(s) to induce the Recipient, its personnel, or me to purchase, use, order, or recommend Mindray products or to reward prior purchases, uses, orders, or recommendations of Mindray products.
3. The Recipient will use the financial support solely for the purposes described in this request form and will not use any portion of the financial support or income from the financial support to:
 - a. Carry on propaganda or otherwise attempt to influence legislation.
 - b. Influence the outcome of any specific public election.
 - c. Undertake any activity for any purpose other than charitable, scientific, or educational purposes.
4. The amount of the requested financial support, alone or in combination with other financial support requested or received for the same purpose, does not exceed the anticipated costs of the purpose for which it is requested.
5. Recipient will maintain records regarding the receipt and use of the financial support in a manner that is adequate to confirm Recipient's use of the financial support consistent with the information provided in this request form and provide the Company with reasonable access to such records.
6. Recipient is not excluded by the Office of Inspector General for the U.S. Department of Health and Human Services from participating in Medicare, Medicaid or other federal healthcare programs.
7. Recipient is not barred or suspended by the U.S. General Services Administration System for Award management from federal government procurement and non-procurement programs.
8. Recipient is not designated as a Specially Designated National or Blocked Person by the Office of Foreign Asset Control of the U.S. Treasury Department and is not included on the U.S. State Department's Terrorist Exclusions List.
9. All of the information included on and documentation attached to this request form by the Requester and/or Recipient is accurate.

Requester's Signature

Date