

**Hitoshi Nikaidoh, M.D. Memorial Endowment  
Application Information**

The Hitoshi Nikaidoh Memorial Endowment was created to provide an award to one or more:

- 3<sup>rd</sup> or 4<sup>th</sup> year Medical students
- Residents
- Physicians in their first five years of practice

The Endowment stipulates that the award be used to support medical mission work by the recipient, either domestically or abroad. The Endowment is administered by the CHRISTUS Foundation for HealthCare and awarded twice a year.

Grants are typically awarded in March and September.

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Date of Application: \_\_\_\_\_

**Section #1 Applicant Information**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Status:

3<sup>rd</sup> Year  4<sup>th</sup> Year Medical Student    School: \_\_\_\_\_

Resident/Fellow - Hospital: \_\_\_\_\_ Specialty: \_\_\_\_\_

Physician - Number of Years in practice: \_\_\_\_\_

**SECTION #2: Mission Information:**

1. Name of Sponsoring Organization (Hospital, Charity, etc.): \_\_\_\_\_

2. Organization's Contact person and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Brief Description of Work (dates/location/specific tasks/desired outcomes):

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4. Amount Requested and Description of How Funds Will Be Used:  
(Grants rarely exceed \$5,000)

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5. Past Experience with Mission (if any): \_\_\_\_\_

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**Section #3: Supporting Documentation**

Please attach:

- Curriculum vitae
- Letter from sponsoring institution/administrating body or officer confirming your participation on the mission trip

**Section #4: Personal Statement**

A statement from the applicant describing his/her affinity to this particular program, expectations of achievement, advantages of serving in the program etc.

**Section #5: Certification**

I certify all of the above information to be true and correct to the best of my knowledge, and that I am not receiving reimbursement for the requested expenses from any other source. I agree to bind myself to make a full report to the Foundation of the accomplishment of the mission-based work, my achievements, use of funds, and the impact on the population served. I agree to let the CHRISTUS Foundation publish my photos and report in their newsletter or website. All funds must be used within 12 months of being awarded.

\_\_\_\_\_  
Applicant Signature

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