



International Students and Scholars Office (ISSO)

Global Scholars Program (GSP)

Connecting the World of Science through Education and Partnerships

Application Packet Checklist of Required Documents

All documents must be completed and signed as applicable. Combine all the required documents listed below into a single PDF, using this as the cover sheet, and email the PDF packet to international@coh.org. Please write “GSP Application – Last Name, First Name” in the subject line:

- ☐ GSP Application Packet Checklist Document Cover Sheet
- ☐ Global Scholars Program Application Form
- ☐ Individual Memorandum of Agreement
- ☐ IP Agreement
- ☐ CV or Resume
- ☐ Recommendation Letter from Home Institution
- ☐ GSP Research Plan Form
- ☐ COH Faculty Sponsor Confirmation Letter
- ☐ Financial Support Letter
- ☐ Proof of Current Enrollment at Home Institution (only applicable to Visiting Graduate Researcher)

Applicant Name (Last, First)

Global Scholars Program Application

| | | | |
|--|----------------------|---|---|
| Section 1: Applicant Information | | | |
| First Name (Legal) | | Last Name (Surname/ Family): | |
| Middle Name (if any): | | Full Birth Date (MM/DD/YYYY): | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Full Phone Number (including country code): | |
| Personal Email Address: | | | |
| Home Country Mailing Address | | | |
| Street Address | | | |
| City | | | |
| State | | Province/Territory | |
| Country | | Postal Code/ Zip Code | |
| Section 2: Identify Program <small>(Select qualified program)</small> | | | |
| <input type="checkbox"/> Visiting Graduate Researcher | | <input type="checkbox"/> BRIdGE Fellow | |
| <input type="checkbox"/> Visiting Scholar | | <input type="checkbox"/> Visiting International Faculty | |
| Proposed Start Date | Day: Choose an item. | Months: Choose an item. | Requested Length of Program: Choose an item. |
| Name of Home Institution: <small>(Not required for Bridge Fellow)</small> | | | |
| Name of COH Faculty Sponsor: | | COH Faculty Sponsor Title of Position: | |
| Name of Faculty Sponsor Department: | | | |
| Required for Visiting Graduate Researcher (ONLY) | | | |
| Are you currently enrolled in a degree program? Choose an item. | | Name of Institution | |
| Current Year in Degree Program: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Other | | Anticipated Degree Completion: (month/year) | |
| If "Other, please explain: _____ | | | |
| Section 3: Visa Information | | | |
| Are you currently in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, what is your current visa type? | |
| Do you require visa sponsorship? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Section 4: Financial Support Information | | | |
| <small>(Please Attach Proof of Financial Support to Applicant Packet. Applicant must meet the minimum financial amount of \$21,840)</small> | | | |
| Funding Source | | Totals Amount | |
| City of Hope | | \$ | |
| Applicant's Home Institution <small>(see financial document guide for information)</small> | | \$ | |

| | |
|---|----|
| US Government Agency (only when given directly to you) | \$ |
| Applicant's Home Government (only when given directly to you) | \$ |
| International Organization (only when given directly to you, i.e. NATO, UN, WHO) | \$ |
| Binational Commission (only when given directly to you, i.e. Fulbright) | \$ |
| Personal Funds (see financial document guide for information) | \$ |
| Other (Specify name/source below, i.e. third-party scholarships, etc.): | \$ |
| _____ | |

Section 5: Program Rules and Requirements

All GSP Scholars are subject to the same program rules and requirements.

1. Must comply with City of Hope Human Resources' on-boarding and health clearance process before beginning program activities.
2. Must comply with City of Hope laboratory safety training requirement. (Contact Laboratory Safety Training Office at [#safetysupport@coh.org](mailto:safetysupport@coh.org).)
3. All GSP participants are subject to an annual review to evaluate program eligibility, mutual consent between participants and City of Hope, as well as resources available. The maximum program length here reflects the maximum amount of time an individual may participate in the program, and is not a guarantee.
4. Must follow other rules and requirements at City of Hope including but not limited to HIPAA training and sanction check.
5. There are no refunds for early withdrawal or departure from program and sessions cannot be prorated.
6. There is a \$100 non-refundable application fee which will be charged at the time of program acceptance.
7. The program fee will be charged after you have been accepted into the program and are ready to start the program.
8. All GSO Scholars (including family members on J-2 visa) are required to maintain valid medical insurance through Garnett-Powers (<http://cohgsp.gpa.services>) at all times (any exception requests must be reviewed and approved by Garnett-Powers).
9. Must meet the minimum financial support requirement of \$21,840 per year for the principal applicant and additional \$10,940 per year per dependent at all times.
10. Must report the following changes to the International Students and Scholars Office (ISSO) at international@coh.org:
 - a. Material changes to the program objectives;
 - b. Financial support amount;
 - c. Funding source;
 - d. Legal address;
 - e. Legal name (self or J-2 dependents);
 - f. Early completion of program or early departure for self or J-2 dependents;
 - g. Extended absences of 4 weeks or more.

Section 5: Applicant Certification

I certify that the above information is true and accurate. I understand that City of Hope reserves the right to deny or terminate the program participation and/or J-1 visa sponsorship should information be found to be inaccurate or incomplete at any point. I understand and will comply with all the program and institutional requirements stated above.

Signature of Applicant:

Print Name of Applicant:

Date:

MEMORANDUM OF AGREEMENT

Program Participation Agreement and General Release

I, _____ am _____ in good standing at _____ have requested to participate in Global Scholars Program hosted at City of Hope for my own educational and/or professional development purposes. In consideration of your making this research opportunity available to me, I agree to the following:

1. I am not an employee of City of Hope (“COH”) for any purpose and recognize that I am not entitled to any wages, employee benefits (medical, dental, life insurance, etc.) or other compensation for the time spent during my participation in the GSP program.
2. The educational and/or professional development activities or program (“**Program**”) is solely for my benefit and is subject to cessation by COH at its discretion.
3. I acknowledge that I am subject to rules and requirements required by the Program.
4. I recognize that COH has no responsibility or obligation regarding whether I receive academic credit or other credit from Partnering Institution.
5. I release COH, its parents, affiliates, divisions and subsidiaries, and their directors, officers, employees and agents from any and all liabilities, claims, demands, actions, and causes of action whatsoever arising out of or relating to any claim, loss, damage or injury that may be sustained by me during the course of my program activities at COH.
6. I acknowledge that I may have access to and/or receive trade secrets and confidential and/or proprietary information concerning the business of COH which may include information and/or documents relating to COH’s business plans, research, financial records, editorial matters, trademarks, copyrights, patents, publications, processes, technical and software programming information, computer access information, information furnished to COH in confidence by third parties, including customers, clients and patients, individually identifiable health information, including patient medical records, Medical Staff records and information and other confidential City of Hope information (collectively, “COH Confidential Information”). COH Confidential Information may also include information conceived or developed by me.
I will hold all COH Confidential Information in the strictest confidence, and will use all COH Confidential Information solely as required in the performance of my research activities at COH and for no other purpose, and will not disclose COH Confidential Information (except as directed by COH) either during my research work or at any time thereafter.
7. Some outside activities, in certain circumstances, have an impact upon COH, and in doing so may violate my obligation to COH. I understand that COH does not object to individuals engaging in outside activities that involve communications (e.g., blogging, maintaining websites, etc.), as long as I follow the requirements set forth below. I am not permitted to engage in activities that violate any of these requirements:
 - I may not engage in these outside activities while “on the job,” and may not use COH equipment (including computers) or resources (including copyrighted material, trademarks, or employees).
 - I may not reveal any confidential or proprietary information of COH, or discuss any other non-public matters about COH or its directors, officers, employees, agents, patients, customers, clients or other individuals associated with COH.

- I may not denigrate COH or COH employees or make statements that harm COH's business interests or reputation, or that constitute a conflict of interest.
 - I may not state or suggest that my activities are endorsed by or associated with COH, and I may not identify myself as associated with COH in conjunction with these activities.
 - My activities may not compete with COH, nor may I engage in such activities with third parties who are in competition with COH.
 - In case of any doubt about whether my activities may violate these requirements, I will consult with Partnering Institution and COH's Program Liaison.
8. Upon termination of my research with COH for any reason, and at any other time COH may request, I shall return promptly to COH all COH Confidential Information and all equipment, software, programming codes, mail, files, computer access information, records, documents, photographs, credit cards, designs, keys, identifications, business cards, press cards, stationery and all other items that are the property of, or were provided by, COH. I will not retain any such materials or any copies thereof, and will not thereafter use any such materials, nor allow any third party to do so.

I hereby transfer and assign all of my right, title, and interest, including all ideas, discoveries, copyright, performance, adaptation, enhancement or display now in existence or hereafter developed, in any photographs, illustrations, articles, writings, designs, software, programs, processes, or other materials (the "Material") created by me during my program participation at COH, whether before or after the signing hereof, whether created on or off COH's premises, for COH and/or submitted to COH, or any of its affiliates, to COH for the full term of each respective right and hereby authorize third parties to do so. I hereby transfer all rights in any ideas I submit to COH.

I acknowledge that COH may modify, crop, retouch, edit, revise or otherwise alter the Material, that the publication, sale, use, or distribution of any Material is at COH's sole discretion, and that COH may use my name and likeness in promoting and publicizing the Material.

I understand that I may not use or authorize any third parties to use any of the Material.

9. I agree that all inventions, improvements, discoveries, developments, and trade secrets (whether or not patentable), and all intellectual property rights therein, that (i) are conceived or reduced to practice, and (ii) in whole or in part, result from or relate to my participation in the Program (collectively, "intellectual property"), is and shall be exclusively the sole property of City of Hope. I hereby assign all of my right, title and interest in such intellectual property to City of Hope. I agree timely to disclose to City of Hope all information considered necessary or desirable by the Office of Technology Licensing to procure, protect and maintain City of Hope's rights, including United States and foreign patent rights, in and to the intellectual property.

Signature of the Applicant: _____

Print: _____ Date: _____

INTELLECTUAL PROPERTY AGREEMENT

for visitors from for-profit organizations (U.S. and foreign) and foreign non-profit organizations

I am currently employed by or affiliated with an institution that is other than City of Hope or its affiliates (the “Non-COH Employer”). I will be participating in research and/or other activities at City of Hope (“City of Hope”) and/or its affiliates (together with City of Hope, “COH”), and/or will be using facilities or resources provided by or through COH (collectively, “COH Activities”). In consideration of my COH Activities, I agree as follows:

1. With respect to my COH Activities, I have reviewed and understand that I am bound by and will comply with this Agreement.
2. Unless otherwise agreed in writing by COH, I will not use any information defined as confidential or proprietary by my Non-COH Employer in the course of my COH Activities and I will not do consulting or any work for my Non-COH Employer while at any facility owned or leased by COH.
3. I have not made with any third party, except the Non-COH Employer by which I am primarily employed and whose duly-authorized representative has signed this Agreement in the space provided below, any agreement that conflicts or reasonably could be construed to conflict with the terms of this Agreement, and I will not enter into any agreement that conflicts or could reasonably be construed to conflict with the terms of this Agreement.
4. If any agreement between COH and a third party (e.g., with respect to research funding or collaboration, or the use of materials, data, rights, equipment or the like) pertains to my COH Activities, I will abide by that agreement, to the extent its terms apply to me.
5. Unless the Non-COH Employer and COH have entered into a separate agreement, in which case the separate agreement, solely to the extent of conflict or inconsistency, governs with respect to this Section 5, I agree that all inventions, improvements, discoveries, developments, and trade secrets (whether or not patentable), and all intellectual property rights therein, that (i) are conceived or reduced to practice, and (ii) in whole or in part, result from or relate to my COH Activities (collectively, “intellectual property”), is and shall be exclusively the sole property of City of Hope. I hereby assign all of my right, title and interest in such intellectual property to City of Hope.
6. I agree timely to disclose to City of Hope all information considered necessary or desirable by the Office of Technology Licensing to procure, protect and maintain City of Hope’s rights, including United States and foreign patent rights, in and to the intellectual property subject to Section 5.
7. I will cooperate with City of Hope in such reasonable steps as may be needed to confirm, establish or protect the rights of City of Hope or its designees in the intellectual property subject to Section 5. This may include, for example, executing all documents necessary or useful to effect or document the assignment to City of Hope my entire right, title and interest in any and all intellectual property which is or may become subject to Section 5.
8. Upon termination of my COH Activities, I agree to and I shall leave with COH, in such manner and at such place as is convenient to COH, all original tangible intellectual property subject to Section 5.

9. I agree to retain in confidence all intellectual property subject to the provisions of Section 5 but only for so long as and to the extent that information disclosing such intellectual property is not (i) published pursuant to Section 10, (ii) otherwise available to the public, or (iii) learned by me from a source not bound by an obligation of confidentiality to COH.
10. Subject to the provisions of Section 11, I shall have the right and opportunity to disclose orally or in writing, information, including the results of any research pertaining to any intellectual property subject to Section 5.
11. I agree to cooperate with COH in connection with the oral or written publication of information concerning intellectual property pursuant to Section 10 to the extent and in such a way as may be appropriate to avoid any compromise or forfeiture of United States or foreign patent rights.
12. While at COH, I may acquire information, data, procedures, and techniques that are confidential, proprietary information of COH. I agree not to disclose such information to others and not to use such information for any purpose unless with the prior written consent of COH.
13. If I am working at COH's facilities, I acknowledge that I will be subject to and required to observe all applicable rules, regulations, policies and requirements of COH, including but not limited to safety, health, confidentiality and conduct, all of which are available on COH's internal website.
14. This Agreement replaces any agreements concerning intellectual property previously made by me to COH.

Effective this _____ day of _____ 20____

Signature of the Applicant: _____

Print: _____ date: _____

The person signing below represents and warrants that he/she is duly authorized to sign this Agreement on behalf of the Non-COH Employer.

Agreed and accepted:

NON-COH EMPLOYER

Signed:

Organization:

Name:

Title:

Date:

GSP Research Plan

This GSP Research Plan must be completed and agreed upon by both applicant and City of Hope faculty sponsor. The applicant is responsible for submitting this research plan with his/her application.

| | |
|--|---------------------------------|
| Section I: Applicant Information Required fields | |
| First Name (Legal): | Last Name (Surname/ Family): |
| Section II: Applicant Research Interests Required fields | |
| | |
| Section II: COH Faculty Sponsor Information Required fields | |
| Name: | Title: |
| Department: | Email: |
| Section III: Research Plan (to be completed by COH Faculty Sponsor) Required fields | |
| Research Objectives (Explain overarching goals/objectives of research project): | |
| | |
| Section IV: Certification Required fields | |
| Applicant and COH Faculty Sponsor acknowledge and agree to above research plan. | |
| Applicant (signature): | Applicant (Printed Name): |
| | Date (mm-dd-yyyy) |
| Faculty Sponsor (signature): | Faculty Sponsor (Printed Name): |
| | Date (mm-dd-yyyy) |

Global Scholars Program – COH Faculty Sponsor Confirmation Letter

This COH Faculty Sponsor Confirmation Letter must be completed and signed by City of Hope Faculty Sponsor and given to the applicant as part of the application packet.

Section I: GSP Applicant Information | Required fields

| | |
|-----------------------------|---------------------------|
| First Name: | Last Name: |
| Expected Start Date: | Expected End Date: |

Section II: Faculty Sponsor Information | Required fields

| | |
|--------------------|---------------|
| Name: | Title: |
| Department: | Email: |

Section III: Faculty Sponsor Confirmation | Please Check All

- ☐ I confirm that I have agreed to accept the above applicant under my mentorship during the aforementioned period.
- ☐ I agree to the following responsibilities:
- To provide appropriate research training opportunities and on-site supervision and mentorship to the applicant;
 - To adhere to the Research Plan as agreed upon by the applicant and myself;
 - To notify ISSO at the earliest opportunity regarding any material changes to the Research Plan including but not limited to changes to research objectives, period of program, and site of research activity;
 - To monitor the applicant's program participation and will immediately notify ISSO in the event of extended absence of more than 4 weeks or early withdrawal from program;
 - To monitor the applicant's well-being and wellness and notify ISSO of any incidents impacting the applicant's program participation;
 - To promote cultural learning and professional development opportunities for the applicant.

Section IV: COH Financial Support (Optional)

☐ I agree to provide living stipends to the applicant in the total amount of _____ (total amount) for _____ (total length).

☐ I agree to pay for the following fees on behalf the applicant (Please note: PI may require that scholar pay, in which case a fee form will be generated to the scholar)

| Type | Fee | | Amount |
|---|-------------------------------|----------------------------|-----------|
| | | | Sub total |
| <input type="checkbox"/> Application fee | \$100 (one-time) | N/A | |
| <input type="checkbox"/> Program fee | \$500 (per 6-month session) | x #session(s) | = |
| <input type="checkbox"/> J-1 visa fee | \$500 (per year) | x #year(s) | = |
| <input type="checkbox"/> J-2 dependent visa fee | \$50 (per year per dependent) | x #year(s) x #dependent(s) | = |
| | | TOTAL | |

| | |
|------------------------------|---------------------------------|
| Faculty Sponsor (signature): | Faculty Sponsor (Printed Name): |
| | Date (mm-dd-yyyy) |

Section V: Department COA Information (only if COH financial support applies)

| | | |
|---|-----------------|--|
| GLBU | FUND | DEPTID |
| Project | Activity | PCBU |
| Business Manager/Business Director (signature): | | Business Manager/Business Director (Printed Name): |
| | | |
| | | Date (<i>mm-dd-yyyy</i>) |

Sample of Financial Support Letter

[Sponsoring Organization/ Institution Logo]

[Date of issuance]

Re: Financial Sponsorship for [Legal Name of Applicant Legal]

Dear City of Hope Reviewing Committee,

This is to certify that [Insert Applicant Legal Name], has been selected to be supported financially by [Insert Sponsoring Organization/Institution Name] to conduct research at City of Hope, from [Insert Period of The Sponsorship] to [Insert Period of The Sponsorship].

[Insert Applicant Legal Name] is a current [Insert Applicant position/title at current institution] at [Insert Sponsoring Organization/Institution Name]. **[Name of Sponsoring Organization/Institution]** will provide financial support in the amount of **[Sponsorship amount in US dollars]** to cover **[Total Period of Financial Sponsorship, (i.e., 12 months, or 18 months)]** in the United States, including international airfare, health insurance, living stipend and other fees.

Should you have additional questions, please do not hesitate to contact me to verify this information at [Insert Contact information (i.e., telephone number and/or email)].

[Signature of Official with Signatory Authority]

[Print Name of Official with Signatory Authority]

[Title of Official with Signatory Authority]

[Department Name of Official with Signatory Authority]

Credit Card Form for International Students and Scholar Services

All fees are subject to change without notice.

| Section 1: Applicant Information | | | | |
|--|-------------------------------|---------------------------------|----------------------------------|--|
| First Name: (Legal) | | Last Name: (Surname/ Family) | | |
| Middle Name: (If any) | | Personal Email Address: | | |
| Section 2: Financial Information | | | | |
| Type | Fee | COH Faculty Sponsor Pays | | Applicant Pays |
| Application fee (non-refundable) | \$100 (one-time) | | | |
| Program fee (multi-session request available) | \$500 (per 6-month session) | | | |
| J-1 visa fee (multi-year visa document available) | \$500 (per year) | | | |
| J-2 dependent visa fee (multi-year visa document available) | \$50 (per year per dependent) | | | |
| | | Total | | Total (I authorize City of Hope to charge the above total amount on my credit card below) |
| Bill Address Information | | | | |
| Cardholder Name: (Print Name) | | | | |
| Personal Card | | | Corporate Card | |
| Amex | Visa | MasterCard | Discover | Other: _____ |
| Credit Card Number: | | | Expiration Date: (Month/Year) | |
| Street Address: | | | | |
| City: | | | | |
| State: | | Province/Territory: | | |
| Country: | | Postal Code/ Zip Code: | | |
| Cardholder Name: (Signature) | | | | |