



## ***Research Foundation of the American Society of Colon and Rectal Surgeons***

### **APPLICATION FOR RESEARCH FOUNDATION TRAINING AWARD IN RESEARCH METHODOLOGY**

The criteria and eligibility for the Research Foundation of ASCRS Training Award in Research Methodology is described in detail on the Research Foundation grant pages of the ASCRS website. Interested candidates, if eligible, should complete the application below.

Please be aware it is entirely at the discretion of the Young Researchers Committee and Research Committee (acting as the assessment committee) to determine whether to make an offer of an Award. There is also no guarantee of an offer being made.

#### **Required documents to be submitted with the application:**

- Provide one letters of support from your department or division chair, or program director.
- Provide a current and complete curriculum vitae.
- An essay (no more than 1 page) outlining your reasons for applying for the fellowship and short term career goals.

**Email complete application and documentation as one PDF to Fergal Fleming, MD, MPH, FRCSI, FACS, Chair, Research Committee ([rf@fascrs.org](mailto:rf@fascrs.org)) no later than 11:59 p.m. on March 15.**

**Section A. (Complete in full)**

Name:

(First)

(Middle)

(Last)

Office Address:

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City:

Country:

Postal Code:

Office Phone:

Office Fax:

Home Address:

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City:

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Country:

Postal Code:

Home Phone:

Cell Phone:

Place of Birth:

Date of Birth:

Mo Day Year

Citizenship (you need to apply for an entry Visa to the USA):

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E-mail Address:

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**PREMEDICAL EDUCATION:**

Name/Location of University	Degree	Date of Graduation	From	To
1.				
2.				
3.				

**MEDICAL SCHOOL EDUCATION:**

Name/Location of University	Degree	Date of Graduation	From	To
1.				
2.				
3.				

**POSTGRADUATE TRAINING:**

**a. Internship:**

Institution	From	To

**b. Surgery:**

Institution	From	To

**c. Colorectal:**

Institution	From	To

**d. Other Post Graduate Training**

Institution	From	To
1.		
2.		

**CERTIFICATION IN SURGERY:**

Name of Certifying body	Date of Certification	Certificate No:
1.		
2.		

**CURRENT HOSPITAL APPOINTMENTS:**

Hospital	City, Country	Staff Position	From	To
1.				
2.				
3.				

**CURRENT ACADEMIC APPOINTMENTS:**

Institution	City, Country	Position	From	To
1.				
2.				
3.				

**RESEARCH OR EXPERIMENTAL WORK:**

Subject of Special Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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