



## APPLICATION FORM IFSO SCHOLARSHIPS 2021

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COUNTRY OF RESIDENCE: \_\_\_\_\_

IFSO MEMBER:  YES Society: \_\_\_\_\_  NO

SURGEON

INTEGRATED HEALTH

### I have attached to this application:

- A one page CV
- A one page (only) list of publications
- A one page (maximum) personal statement
- A recommendation letter from the Head of Department or professional mentor
- A copy of the abstract(s) submitted to IFSO 2021

For I.H. applicants: please send a copy of the submitted abstract(s) for consideration of presentation and/or indicate the title of the presentation as Invited Speaker

### If I win the scholarship grant, I will provide within 2 months (October 1<sup>st</sup> 2021):

- A report about my participation at IFSO 2021 and the value of the grant for my professional education

Place/date

Signature

\_\_\_\_\_

\_\_\_\_\_

*By signing this form, I confirm that I have read and understood the scholarships regulations and I commit myself to provide the requested documents.*