



**Virginia Chapter,
American College of Surgeons
Humanitarian Surgical Resident Travel
Scholarship Application**

2821 Emerywood Parkway, Suite 200

Richmond, VA 23294

(804) 643-6631 ~ phone

(804) 788-9987 ~ fax

Name: _____ Application Date: _____

Preferred Address for Correspondence: _____

City: _____ State: _____ Zip/Postal code: _____

Phone (daytime): _____ Phone (evening): _____

Phone (mobile): _____ Fax: _____

Email Address: _____

Residency/Fellowship Program Institution: _____

Residency/Fellowship Program Field: _____

Program Director: _____ Post Graduate Year: _____

Previous Training: _____

Dates Available: _____ Region or Country Preference: _____

Languages Spoken: _____

Specific details of proposed Humanitarian travel (i.e. sponsoring organization, name of Hospital or institution, name of surgical supervisor etc.)

Emergency Contact Names, Phone Numbers and Addresses (*please list two*):

1. Name: _____ Phone: _____

Relationship to applicant _____ Email: _____

Address: _____

2. Name: _____ Phone: _____

Relationship to applicant _____ Email: _____

Address: _____

Please describe any previous experience traveling/working in developing countries:

I certify that the information on this application is true to the best of my knowledge. I authorize all persons and institutions to disclose to and share with VA-ACS opinions and information regarding me, including but not limited to, information contained in this application and my skills, experience, fitness to practice medicine, character, work habits, and performance. I authorize VA-ACS to release information contained in this application or obtained by VA-ACS pursuant to the authorization contained in this paragraph to VA- ACS Board of Trustees, committee members and staff. I waive any claims I might otherwise have against VA ACS resulting from VA ACS obtaining or releasing information as authorized by this paragraph.

Signature: _____ Date: _____

Print Name: _____

Please include the following items:

- Curriculum Vitae
- Two Letters of Recommendation (one from Program Director)
- One Page Personal Statement (including reason(s) for your interest in this scholarship and any health issues)
- Signed Applicant Agreement
- Copy of Current Medical License
- Copy of Current Passport (Please do not fax copy but send the original copy via regular mail)