AMERICAN COLLEGE OF SURGEONS
ACS Chapter | Virginia

Humanitarian Surgical Resident Travel Scholarship Application

2821 Emerywood Parkway, Suite 200
Richmond, VA 23294
(804) 643-6631 ~ phone | smcconnell@ramdocs.org

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