



---

ASCRS • 85 W. Algonquin Rd. Suite 550 • Arlington Heights, IL 60005  
Ph: (847) 290-9184 • Fax: (847) 290-9203  
Email: [ascrs@execadmin.com](mailto:ascrs@execadmin.com)

---

## **APPLICATION FOR ASCRS INTERNATIONAL TRAVELING SCHOLARSHIP**

The criteria and eligibility for the ASCRS International Traveling Scholarship is described in detail on the ASCRS pages of the ASCRS website. Applicants may complete the application below and based on eligibility and criteria choose to apply.

Please be aware it is entirely at the discretion of the International Committee of ASCRS (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:**

- Provide two letters of reference. At least one of the references must be from the department chair or program director.
- Provide a current and complete curriculum vitae.
- Write a letter stating background, ambitions within colorectal surgery, the perceived personal and community needs, and the potential to promote colorectal surgical services in the country of origin, and future career plans.

## Section A. (Complete in full)

Name:

(First)

(Middle)

(Last)

Office Address:

---

---

---

City:

---

Country:

Postal Code:

---

Office Phone:

Office Fax:

---

Home Address:

---

City:

---

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):

---

E-mail Address:

---

**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
-------------	------	----

---

1.

---

2.

---

3.

---

**b. Surgery:**

Institution	From	To
-------------	------	----

---

1.

---

2.

---

3.

---

**c. Other Postgraduate Training:**

Institution	From	To
-------------	------	----

---

1.

---

2.

---

3.

---

**CERTIFICATION IN SURGERY:**

Name of Certifying body \_\_\_\_\_ Date of Certification \_\_\_\_\_ Certificate No: \_\_\_\_\_

1.

---

2.

---

**I have been in specialist colorectal practice:**  less than 5 yrs.  More than 5 yrs.

**Please state actual number of years**

**Colorectal Training Program Details:**

**Is training program accredited?**  Yes  No

**Outline the perceived needs and benefits of a Scholarship (both for yourself and for colorectal surgical services within your country):**

**CURRENT HOSPITAL APPOINTMENTS:**

<u>Hospital</u>	<u>City, Country</u>	<u>Staff Position</u>	<u>From</u>	<u>To</u>
-----------------	----------------------	-----------------------	-------------	-----------

1.

---

2.

---

3.

---

**CURRENT ACADEMIC APPOINTMENTS:**

<u>Institution</u>	<u>City, Country</u>	<u>Position</u>	<u>From</u>	<u>To</u>
--------------------	----------------------	-----------------	-------------	-----------

1.

---

2.

---

3.

---

**MEDICAL SOCIETY MEMBERSHIPS:**

1.

---

2.

---

3.

---

4.

---

5.

---

**RESEARCH OR EXPERIMENTAL WORK:**

Subject of Special Work	From	To
1.		
2.		
3.		
4.		

**PUBLICATIONS:**

## Section B.

### POSSIBLE PRESENTATIONS: (for consideration)

1.

---

2.

---

3.

---

4.

---

### HOW WOULD YOU RATE YOUR ENGLISH PROFICIENCY?

	Spoken	Written
Excellent	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>
Fair	<input type="text"/>	<input type="text"/>

### CURRENT ACTIVITY PROFILE

Clinical Practice	<input type="text"/>	%
Teaching	<input type="text"/>	%
Research	<input type="text"/>	%



***Description of Clinical Practice:***

***Description of Current Research Work:***

***What benefits I expect from receiving the award of the ASCRS International Scholarship and the opportunity to attend the ASCRS Annual Meeting:***

Date:

Signed:

---