



Research Foundation of the American Society of Colon and Rectal Surgeons

85 West Algonquin Rd., Suite 550, Arlington Heights, IL 60005
(847) 956-1846 Fax: (847) 427-9656 Website: fascrs.org

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.

**Mail one complete three-hole punched copy (postmarked March 1st),
and send one PDF copy electronically to:**

**John Monson, MD, Chair
Research Committee
Research Foundation of the ASCRS
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005-4460**

rf@fascrs.org

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

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: _____