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**APPLICATION FORM IFSO SHOLARSHIPS 2020**

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 2020

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 1st 2020):**

□ A report about my participation at IFSO 2020 and the value of the grant for my professional education

**Place/date Signature**

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