



APPLICATION FORM IFSO SCHOLARSHIPS 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

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