



## 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

**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.*