



International Orthopaedic Foot & Ankle Symposium *November 29 – December 1, 2012 - Orlando, Florida*

RESIDENT SCHOLARSHIP **APPLICATION DEADLINE: AUGUST 31, 2012**

The AOFAS/AAOS will award up to twenty (20) \$1,000 scholarships to PGY2 and PGY3 orthopaedic residents to attend the **AAOS/AOFAS International Orthopaedic Foot & Ankle (IOFAS) Symposium, November 29 - December 1, 2012** in Orlando, Florida. PGY2 and PGY3 orthopaedic residents with an interest in foot and ankle surgery are encouraged to apply. The Resident Scholarship covers the registration fee for the IOFAS Symposium (\$800) and a \$200 travel stipend. Other expenses, including hotel costs and airfare, are not included.

Resident participation in this comprehensive symposium will increase resident knowledge and strengthen understanding in both surgical and nonsurgical foot and ankle care. Residents will benefit from educational lectures, hands-on bone model workshops, and panel discussions on cutting edge issues, pearls and pitfalls, and controversies regarding treatment of foot and ankle injuries and conditions.

APPLICATION DEADLINE

Applications must be received by **August 31, 2012** to be considered.

ELIGIBILITY

Applicant must be an orthopaedic surgery resident in second or third year of training (*excluding time spent in research*) in a US training program, demonstrate enthusiasm for and have a sincere interest in foot and ankle surgery, be in good academic standing, and obtain a recommendation of orthopaedic training program director.

INSTRUCTIONS

1. **Application form and supportive material must be received by August 31, 2012.** Incomplete applications or those received after this date will not be considered.
2. The application is a fillable PDF form. You may use the tab key to advance to each field. Please save your completed application to your computer prior to submission.
3. Write a personal statement (not to exceed 500 words) describing your interest in foot and ankle surgery, what you hope to learn from the experience and how you will share what you've learned.
4. Ask your orthopaedic training program director to write a letter of recommendation for you detailing your interest in foot and ankle surgery and to e-mail it directly to OEF@aofas.org.
5. E-mail your completed application form along with CV, personal statement, to LBierman@aofas.org.
6. Residents applying for both the IOFAS and the IPOS (Pediatric Symposium) Scholarship will be considered for both but if selected will only be funded by one organization.

APPLICATION FORM BEGINS ON NEXT PAGE



**RESIDENT SCHOLARSHIP - APPLICATION FOR:
IOFAS Symposium, November 29-December 1, 2012 – Orlando, Florida**

You may use the tab key to advance to each field. Please save your completed application to your computer prior to submission. Please submit the completed application form, along with digital files of your CV and personal statement, via e-mail to LBierman@aofas.org. Ask your Orthopaedic Training Program Director to send the required letter of recommendation directly to AOFAS via e-mail to lbierman@aofas.org. Applications are not considered complete until all supporting documents are received by the deadline:

APPLICATION DEADLINE: AUGUST 31, 2012

Please contact Lois Bierman, 847-384-4382, LBierman@aofas.org with any questions.

APPLICANT INFORMATION

| | | |
|-----------------|------------|------------|
| First | Middle | Last |
| Mailing Address | | |
| City | State | ZIP Code |
| E-mail | | |
| Business Phone | Home Phone | Cell Phone |

EDUCATION

| | | |
|--------------------|--------------------|---------------|
| College/University | Date of Graduation | Degree Earned |
| Medical School | Date of Graduation | Degree Earned |

NAME AND ADDRESS OF ORTHOPAEDIC TRAINING PROGRAM DIRECTOR (WHO WILL PROVIDE A LETTER OF RECOMMENDATION)

| | | |
|-----------------|----------------|----------|
| First | Middle | Last |
| Mailing Address | | |
| City | State | ZIP Code |
| E-mail | Business Phone | |

NAME AND ADDRESS OF ORTHOPAEDIC RESIDENCY TRAINING PROGRAM (IF DIFFERENT THAN ABOVE)

| | | |
|---------------------|-------|----------|
| Name of Institution | | |
| Mailing Address | | |
| City | State | ZIP Code |



AMERICAN ORTHOPAEDIC
FOOT & ANKLE SOCIETY.

AAOS

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

MILITARY SERVICE (IF APPLICABLE)

| Branch of Service | From mm/yy | To mm/yy | Rank | Location |
|-------------------|------------|----------|------|----------|
|-------------------|------------|----------|------|----------|

Duties

PROFESSIONAL ACTIVITIES

| Activity Name & Location | From mm/yy | To mm/yy |
|--------------------------|------------|----------|
|--------------------------|------------|----------|

| | | |
|--------------------------|------------|----------|
| Activity Name & Location | From mm/yy | To mm/yy |
|--------------------------|------------|----------|

SPECIAL AWARDS AND HONORS:

PROVIDE YOUR CURRICULUM VITAE AS A SEPARATE ATTACHMENT.

Write a Personal Statement as a separate attachment (not to exceed 500 words) describing your interest in foot and ankle surgery, what you hope to learn from this experience and how you will share what you've learned.

Signature of Applicant

Date