

**29<sup>th</sup> Annual Baltimore Limb Deformity Course**  
**SCHOLARSHIP APPLICATION FORM**  
Rubin Institute for Advanced Orthopedics  
2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA  
tel 410.601.9798 - fax 410.601.0585

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We are proud to announce the availability of scholarship funding for the 29<sup>th</sup> Annual Baltimore Limb Deformity Course. Scholarships will be awarded to cover registration fees (full or partial) ONLY\*. To be eligible for the scholarship, you must meet **all** of the following general criteria:

- Must be a United States Citizen
- Must have earned a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree from a U.S. accredited Medical School
- Must currently be an orthopedic resident or fellow in good standing at a U.S. hospital or university

It is highly recommended that you submit your application as early as possible as applications are reviewed on a rolling basis. If you have any questions regarding this scholarship program, please contact:

Madeline Bacon, Manager of Academic and Research Programs

Tel: 410.601.9798

Fax: 410.601.0585

E-mail: [mbacon@lifebridgehealth.org](mailto:mbacon@lifebridgehealth.org)

*\*Only registration fees will be awarded; travel/hotel expenses will be paid by recipient. Based on funding availability, you may receive a full or partial scholarship. If you are selected to receive a scholarship, you will be required to submit a \$250 deposit and will need to sign the daily CME Sign-in Sheets (see second page for details).*

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**NAME** \_\_\_\_\_  
Last/Surname First

**Current Home Address** \_\_\_\_\_  
Street Address

City State Zip Code Country

**Telephone** \_\_\_\_\_  
Work Cell

**E-mail** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Medical School** \_\_\_\_\_  
Institution Location Degree and Date Conferred

**Residencies/Fellowships** \_\_\_\_\_  
(use additional pages if necessary) Institution Location Dates

**Current Position** \_\_\_\_\_  
Institution Location Dates

**Please attach the following with your completed application:**

- Statement of Personal and Professional Goals
- Curriculum Vitæ (include current work status)
- Recommendation Letter from current Program Director

*(continued on next page)*

**OTHER INFORMATION**

How did you hear about the Baltimore Limb Deformity Course? *(please check all that apply)*

- Internet Link
- AAOS Annual Meeting
- POSNA Annual Meeting
- Journal of Limb Lengthening & Reconstruction
- Other Meeting: \_\_\_\_\_
- Web Site
- ILLRS Meeting
- LLRS Meeting
- IPOS Meeting
- Other: \_\_\_\_\_
- Colleague
- Course Mailings
- Course E-mail Notification

**APPLICANT'S CERTIFICATION**

- I certify all the information I have provided is complete, accurate, and true to the best of my knowledge. Any false statement will result in my disqualification.
- I understand that if I am selected for a scholarship, my registration fee of \$1,275.00 will either be waived in full or a portion of the fee waived. I will be responsible for any remaining balance of the fee, and all other expenses including travel, lodging, etc.

Since these scholarships are very limited and popular, we want to make sure that each accepted resident/fellow is invested in this educational activity. Therefore, we request:

1. Written confirmation of attendance within two weeks of acceptance.
2. A \$250 deposit (check or credit card) to accompany confirmation. This deposit will be refunded upon conclusion of the Course provided that the fellow/resident has attended all three days. *Attendance will be verified solely by checking the CME sign-in sheets; the resident/fellow must sign-in all three days in order to have his/her deposit refunded. We will not be able to refund the deposit if a day is missed – no exceptions.*

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

Comments (use additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

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**Send completed application and supporting documents to:**

**Madeline Bacon, Manager of Academic and Research Programs  
 BLDC Scholarship Program  
 RIAO, Sinai Hospital of Baltimore  
 2401 West Belvedere Avenue, Baltimore, MD 21215**

**For Office Use Only:**

Complete Application Received: \_\_\_\_\_

Status:                     Accept ( Full /  Partial Funding)                     Pending                     Reject

Comments: \_\_\_\_\_

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