

34th Annual Baltimore Limb Deformity Course Scholarships

We are proud to announce the availability of scholarship funding for the 34th Annual Baltimore Limb Deformity Course. Scholarships will be awarded to cover registration fees ONLY.* Applicants can apply for two different scholarships:

General Scholarships

To be eligible for one of the general scholarships, you must meet **ALL** of the following criteria:

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

Dr. James Binski Scholarship

To be eligible for the Dr. James Binski Scholarship, you must meet the following criteria:

- Must have earned the equivalent of a Doctor of Medicine.
- Must be an orthopedic fellow, resident, or surgeon.
- Must have completed volunteer mission work and/or semi-permanent/permanent residence in underserved countries.
- Must demonstrate an interest and ability to extend the reach of limb deformity practice to underserved patients.

It is highly recommended that you submit your application as early as possible as applications are reviewed on a rolling basis starting in June. More scholarships may become available as corporate sponsorships are finalized over the spring and summer. If you have any questions regarding this scholarship program, please contact: Wendy Robinson, Manager of Academic and Research Programs via telephone: 410.601.9798, fax: 410.601.0585, or email: wrobins@lifebridgehealth.org.

**Only registration fees will be awarded; travel/hotel expenses must be paid by recipient. If you are selected to receive a scholarship, you will be required to submit a refundable \$250 deposit and will need to sign the daily CME Sign-in Sheets to be eligible for the refund. (See application for details.)*

34th Annual Baltimore Limb Deformity Course Scholarship Application Form

Name _____
Last/Surname First

Current Home Address _____
Street Address

City State Zip Code Country

Telephone _____
Work Cell

E-mail _____

Medical School _____
Institution Location Degree

and Date Conferred: _____

Residencies/Fellowships _____
(Use additional pages if necessary.) Institution Location Dates

Current Position _____
Institution Location Dates

Please check off which scholarship you are applying for:

- General Scholarships Dr. James Binski Scholarship

Please attach the following with your completed application:

- Statement of Personal and Professional Goals.
- Curriculum Vitae (include current work status).
- Recommendation Letter from Current Program Director. If you are applying for the Dr. James Binski scholarship, and you are no longer a resident or fellow, a letter of recommendation from a colleague is recommended, but not required.
- If you are applying for the Dr. James Binski Scholarship, please also include a statement including all your work to date in underserved countries and how, if granted this scholarship, you intend to extend the reach of limb deformity treatment to underserved patients.

OTHER INFORMATION

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

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| <input type="checkbox"/> Internet Link | <input type="checkbox"/> Web Site | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> AAOS Annual Meeting | <input type="checkbox"/> ILLRS Meeting | <input type="checkbox"/> Course Mailings |
| <input type="checkbox"/> POSNA Annual Meeting | <input type="checkbox"/> LLRS Meeting | <input type="checkbox"/> Course E-mail Notification |
| <input type="checkbox"/> Journal of Limb Lengthening & Reconstruction | <input type="checkbox"/> IPOS Meeting | |
| <input type="checkbox"/> ELER | <input type="checkbox"/> Other: _____ | |

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