

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.)

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

(CONTINUED ON NEXT PAGE)

APPLICANT 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 3-day Baltimore Limb Deformity Course registration fee will be waived. I will be responsible for 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 (via credit card) to accompany confirmation. This deposit will be refunded upon conclusion of the Course provided that the scholarship recipient has attended all three days. *Attendance will be verified solely by checking the CME sign-in sheets; the scholarship recipient must sign-in all three days to have his/her deposit refunded. We will not be able to refund the deposit if a day is missed – no exceptions.*

Applicant Signature

Date

Please email completed application and supporting documents to:

Wendy Robinson, Manager of Academic and Research Programs
wrrobins@lifebridgehealth.org

For Office Use Only:

Complete Application Received: _____

Status: Accept Pending Reject

Comments:

