

**FREDERICK A. COLLER SURGICAL SOCIETY**  
**APPLICATION FOR SURGICAL RESEARCH FELLOWSHIP**  
**DEADLINE: MAY 1, 2008**

\_\_\_\_\_

I hereby make application for a Frederick A. Collier Surgical Research Fellowship:

Name: \_\_\_\_\_  
(Print) (Last Name) (First Name) (Middle Name)

Residence: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street Number)

\_\_\_\_\_ Email Address: \_\_\_\_\_  
(City, State, Zip Code)

Date of Application: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_, MD

I will be the on-site sponsor for \_\_\_\_\_, MD, and recommend him/her  
for a Collier Society Research Fellowship.

Sponsored by \_\_\_\_\_  
(Collier Society Member)

\_\_\_\_\_  
(Signature of Collier Member) (Date)

\_\_\_\_\_

**APPLICANT INFORMATION**

1. Premedical education:

\_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

2. Medical education:

\_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

3. Internship:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Hospital) (month, year) (month, year)

4. Residency and/or fellowship(s):

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ (month, year) (month, year)  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_



