

**FREDERICK A. COLLER SURGICAL SOCIETY
APPLICATION FOR SURGICAL RESEARCH FELLOWSHIP
DEADLINE: MAY 2, 2011**

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 _____

