



ACAPS Global Health Committee PSEN Global Scholarship Application

1. DEADLINE for scholarship application is June 1, 2018.
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed.
4. If any question does not apply to you in this application, please put N/A in the space.
5. Type or print legibly. Illegible applications will be returned to you.
6. Please submit a 3"x5" color photograph of yourself, not exceeding 1 MB.
7. You will be notified by email regarding the status of your application.
8. If you have any questions about the application or scholarship, please contact Rebecca Bonsaint.

Purpose: To provide a one-year subscription, starting July 1, 2018, to the Plastic Surgery Education Network (PSEN) for a surgical trainee or surgical training program from resource poor area.

Award Components: One year subscription to the PSEN for one surgical trainee or surgical training program selected by the American Council of Academic Plastic Surgeons (ACAPS) Global Health Committee and approved by the American Society of Plastic Surgeons (ASPS) and PSEN Editorial Board.

Criteria:

1. **Applicant must be a surgical trainee or a trainee acting as the representative of a surgical training program who is actively pursuing clinical plastic surgery education.**
2. **Applicant must be actively enrolled in a surgical training program that includes clinical plastic surgery in a low or middle-income country.**
3. **Applicant must prepare an essay on what they plan to do with their plastic surgery education after completion of their surgical training.**
4. **Applicant must provide two (2) letters of reference from educators, supervisors, and current Program Director.**
5. **Applicant must submit a current CV with the application.**
6. **Applicant must submit a formal evaluation of PSEN at the completion of the scholarship.**

Once completed, please submit all your information as follows:

By Mail: ATTN: Rebecca Bonsaint
Associate Executive Director
American Council of Academic Plastic Surgeons
500 Cummings Center, Suite 4550
Beverly, MA 01915

By Email: rbonsaint@prri.com

By Fax: ATTN: Rebecca Bonsaint
Fax Number: 978-524-0461

Date _____

Application Type:

____ Individual Plastic Surgery Trainee

____ Plastic Surgery Training Program

Name and Location of Training Program

Number of Surgical Trainees in Program Requesting PSEN Access _____

Program Director's Name: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

1. Applicant's Full Name: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

2. Birthdate: Month _____ Day _____ Year _____

3. Complete Address:

_____ Apt/Suite _____
STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY

STATE/PROVINCE

POSTAL CODE/ZIP CODE

COUNTRY

PHONE (222-333-4444)

E-MAIL ADDRESS

MESSAGE PHONE (222-333-4444)

ALTERNATE E-MAIL ADDRESS

4. Gender: Male _____ Female _____

5. Financial Position

Does Your Training Program Provide You with Financial Support? _____

If Yes, How Much Annually (US Dollars)? _____

Do You Have Another Source of Income? _____
If Yes, Please Describe the Source and the Amount (US Dollars) _____

Total Annual Income (US Dollars) _____

6. Secondary Education:

Name of School	Location	Dates Attended

7. University Education:

Name of School	Location	Dates Attended	Degree and Date of Degree

8. Medical Education:

Name of School	Location	Dates Attended	Degree and Date of Degree

9. Post Graduate Training:

Name of Training Program	City, State	Years Attended	Graduated?

10. Current Training Program Description:

Name of Training Program	Program Director	Number of Faculty	Duration of training

Program Description *(Please provide a brief description of the program structure, clinical and didactic curriculum, and level of faculty supervision)*

Program Resources *(Please provide a brief description of the access to computer equipment, internet availability, and educational resources)*

11. Honors and Awards:

Name of Honor or Award	Year	Description

12. References: *(please attach at least two reference letters, one from current Program Director)*

Last Name, First Name	Relationship	Phone	Email

13. Personal Essay

Please attach on separate sheet a personal essay on why you are applying for this scholarship and what you plan to do with their plastic surgery education after completion of your surgical training must be at least two paragraphs. Please limit to 500 words.

~ All scholarship information is kept confidential ~

If you receive a scholarship, would you be willing to volunteer to serve on the PSEN Editorial Committee following your training, to help contribute content and further develop the site?

Yes

No

By signing below, I certify that the above information is true and correct.

Signature

Date

Print Name