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:

<table>
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<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
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7. University Education:

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<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree and Date of Degree</th>
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8. Medical Education:

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<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree and Date of Degree</th>
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9. Post Graduate Training:

<table>
<thead>
<tr>
<th>Name of Training Program</th>
<th>City, State</th>
<th>Years Attended</th>
<th>Graduated?</th>
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10. Current Training Program Description:

<table>
<thead>
<tr>
<th>Name of Training Program</th>
<th>Program Director</th>
<th>Number of Faculty</th>
<th>Duration of training</th>
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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:

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<thead>
<tr>
<th>Name of Honor or Award</th>
<th>Year</th>
<th>Description</th>
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12. References: *(please attach at least two reference letters, one from current Program Director)*

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>Relationship</th>
<th>Phone</th>
<th>Email</th>
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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