

The American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery Foundation, Inc.

Scholarship/Grant Application Form

Date: _____

1. Last, First, Middle, Maiden Names:

2. Address:

3. Phone: _____

Email: _____

4. Birth Date: _____

5. College attended: _____

6. List extracurricular activities during college:

Honors received:

7. Medical School: _____ Year of graduation: _____

8. List extracurricular activities during medical school:

Honors received:

9. Name and address of your chairman of department of your training institution:

10. Residency: _____ Year of completion: _____

If the applicant is still in residency training, indicate if resident annual reports are current.

_____ Yes _____ No

11. List special training, honors, research, publications, etc.:

12. Are you eligible to be certified by the AOBOO Specialty Board?

_____ Yes

_____ No

