

**Application for International Travel Grant Award -2010**

Name: \_\_\_\_\_ Age: (Date of birth) \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Education: \_\_\_\_\_

Medical School attended: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Surgical training: (please insert department, institution, location and years trained)

\_\_\_\_\_  
\_\_\_\_\_

Department Chairman: \_\_\_\_\_

Sponsoring Country Association/Society: \_\_\_\_\_

Applicant's current position and location: \_\_\_\_\_

Research background: (if applicable): \_\_\_\_\_

Which unit (in order of preference) would you like to visit if your application is successful?

1)

2)

3)

**Applications must be accompanied by:**

- 1) Documentation of medical school and surgical training verification (photocopy).
- 2) Two passport sized photographs.
- 3) Three individual and separate letters of recommendation from three surgeon colleagues including the Head of Department at present location and one from an official representative of Nation's Pediatric Surgical Association/Society (original with original rubber/wet stamp).
- 4) Curriculum vitae (original) and bibliography with a list of publications (including title, authors, journal, year, volume and pages), abstracts (including title, authors, journal, year, volume and pages), chapters (avoid in-press articles), oral presentations at congresses (congress, date and title) and awards received.
- 5) Applicant's personal statement indicating professional goals, and career objectives (original).
- 6) In order to have your application considered, your National Association should have all the Annual Fees paid and up to date.
- 7) Indicate first, second and third choice of unit you want to attend to. (in original).

All documents required (original) must be sent by postal service. Other documents can be sent by email.

Postal address: Univ. Prof. Dr. M.E. Höllwarth

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