

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM

PART I – TO BE COMPLETED BY APPLICANT

Note: This form must be completed in type font Courier 10 (or similar) and sent electronically to the Chairman of the Scholarship Committee (scholarship@iaasm.org).

FULL NAME

TITLE (family name & given names) **SEX**

ADDRESS Home:
Work:

TELEPHONE (including country and area prefixes)

FACSIMILE/TELEFAX (including country and area prefixes)

E-MAIL

DATE OF BIRTH

COUNTRY OF BIRTH

EDUCATION

Institution attended:

NATIONALITY

Dates from:

Dates to:

- a) Undergraduate
- b) Medical School
- c) Post graduate
- d) Other

CAREER ACTIVITIES SINCE GRADUATION

Please give a full and complete account of your career activities to the present time, including details of post-graduate training and experience in aviation, space and aerospace medicine.

ORGANIZATION

ACTIVITY

Dates from:

Dates to:

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM (cont'd)

PUBLICATIONS - *Please list all your publications (Title, journal, year, etc.)*

HONOURS AND AWARDS RECEIVED *(Title or Name of Award, and Year)*

MILITARY SERVICE

FUTURE CAREER PLANS

*Please provide a full account of the way in which you intend to pursue a career in aviation/space medicine in the future. The Scholarship Committee places particular emphasis on the future career plans of the Applicant, therefore details of intended career should be given here. **(Please attach a one page essay)***

SCHOLARSHIP REQUEST:

A. PURPOSE: *(Full details of the intended training course, including name of course, name of Institution providing the course, location, dates, course or tuition fees, and name of Course Director)*

Intended course:

Institution:

Location:

Dates:

Course/tuition fees:

Course director:

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM (cont'd)

B. FINANCE REQUESTED (*state total cost of desired programme including tuition fee and living expenses, then itemize*)

C. OTHER SOURCES OF FINANCIAL SUPPORT (*specify source and amount*)

STATE IN DETAIL WHY YOU CONSIDER THAT YOU SHOULD RECEIVE FINANCIAL SUPPORT FROM THE ACADEMY

If I am selected as the successful candidate and receive the Scholarship, I will make every effort to keep in contact with the Academy and notify the Chairman of the Scholarship Committee or the Secretary General of my career progress.

DATE (*Date of submission*):

PLEASE FORWARD THE COMPLETED APPLICATION FORM TO THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE OF THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE TO BE RECEIVED BEFORE **August 1st** OF THE CURRENT YEAR

Dr. Francisco Rios Tejada
scholarship@iaasm.org

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM
PART II - TO BE COMPLETED BY SPONSOR

(The Sponsor should be a physician who has experience in aviation/space medicine and who has knowledge of the applicant, including his/her professional interests)

Must be submitted as attachment to an e-mail message sent by the Sponsor directly from the Sponsor's own e-mail address to the Chairman of the Scholarship Committee.

FULL NAME *(Family name followed by given names)*

TITLE

ADDRESS *(for correspondence)*

TELEPHONE NUMBER

(including country and area prefixes)

TELEFAX NUMBER

(including country and area prefixes)

PRESENT POSITION

ARE YOU A MEMBER OF IAASM - THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE? YES NO

RELATIONSHIP WITH AND TIME FOR WHICH YOU HAVE KNOWN THE APPLICANT

- A. RELATIONSHIP (e.g. teacher, supervisor, colleague)
- B. TIME (Years/months)

RECOMMENDATION

Please give your opinion as to the true intentions of the candidate as far as a career in aviation medicine is concerned and how you consider the candidate would benefit from the proposed course of study.

DATE *of submission by sponsor:*

PLEASE FORWARD THE COMPLETED FORM TO THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE OF THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE TO BE RECEIVED BEFORE **AUGUST 1st OF THE CURRENT YEAR**

Dr. Francisco Rios Tejada - scholarship@iaasm.org

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM

PART III – TO BE COMPLETED BY APPLICANT

Note: This form must be completed in typefont Courier 10 (or similar) and sent electronically together with Part 1 of the Application to the Chairman of the Scholarship Committee at scholarship@iaasm.org

FULL NAME

(family name & given names)

**CURRENT SOURCE
OF INCOME**

ANNUAL AMOUNT (state currency):

**AVAILABLE SAVINGS
(state currency)**

Bank:

Investments (indicate convertible stocks, bonds, mutual funds, etc):

Other liquid assets:

**FINANCIAL SUPPORT
FROM OTHERS
(state currency)**

Family support (state relationship and amount of support):

Government support (state type and amount of support):

Other support (state source and amount):

**EXPECTED INCOME
DURING THE PERIOD
OF THE PLANNED
STUDY/RESEARCH
(state currency)**

Source:

Amount:

**TOTAL COST OF
PLANNED
STUDY/RESEARCH
(state currency)**

Tuition fees:

Books/equipment:

Living expenses (including insurance):

Travel:

**HOW DO YOU PLAN
TO COVER THE
DIFFERENCE
BETWEEN THE
TOTAL COST OF THE
PLANNED
STUDY/RESEARCH
AND THE IAASM
SCHOLARSHIP
GRANT?**

I understand that any scholarship granted by the International Academy of Aviation and Space Medicine is to be used for the sole purpose of pursuing the academic training applied for. I further understand that any grant is intended for my sole use and I agree not to share it with any other person.

Signed: _____

Date: _____

Name in CAPITALS: _____