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

(family name & given names)

TITLE

SEX

ADDRESS

Home:

Work:

TELEPHONE

(tcluding 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:
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:
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: ________________________________