



THE PLASTIC SURGERY  
FOUNDATION™

### **Graduate Research Scholarship Application**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

ASPS ID: \_\_\_\_\_

Institution: \_\_\_\_\_

Highest Degree Achieved: \_\_\_\_\_

Planned Program to Pursue: \_\_\_\_\_

Planned Graduate Institution: \_\_\_\_\_

Are you a plastic surgery resident or fellow affiliated with an accredited plastic surgery program or an ASPS Candidate member?

YES NO

At the time the scholarship is awarded, will you be enrolled (or show proof of acceptance) as a full-time or part-time graduate degree student at an accredited U.S. college or university?

YES NO PENDING

Have you completed more than one-half of the coursework required for the degree program prior to July 1, 2018?

YES NO