

FREDERICK A. COLLER SURGICAL SOCIETY
APPLICATION FOR SURGICAL RESEARCH FELLOWSHIP
DEADLINE: September 1, 2020



I hereby make application for a Frederick A. Collier Surgical Research Fellowship:

| | | | |
|---------------------|---------------------------------|-------------|-----|
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip |
| Telephone | Email Address | | |
| Date of Application | Applicant Signature _____, M.D. | | |

I will be the on-site sponsor for: _____, M.D.,
and recommend him/her for a Collier Society Research Fellowship.

Sponsored by: _____
Collier Society Member

Signature of Collier Member

Date

APPLICANT INFORMATION

1. Premedical education:

| | | | |
|--|-------------|-------------|---------------|
| | <u>YEAR</u> | <u>YEAR</u> | |
| | to | | Degree: _____ |
| | | | Degree: _____ |
| | | | Degree: _____ |

2. Medical education:

| | | | |
|--|-------------|-------------|--------------|
| | <u>YEAR</u> | <u>YEAR</u> | |
| | to | | Degree _____ |
| | | | Degree _____ |

3. Internship: _____ from _____ to _____
MONTH/YEAR MONTH/YEAR
(HOSPITAL)

4. Residency and/or fellowship(s): _____ from _____ to _____
MONTH/YEAR MONTH/YEAR
_____ from _____ to _____

5. Research experience:

6. Other professional experience:

7. Please attach a list of your publications.

8. Please attach your research project description for the Research Fellowship year.

9. Please attach a **LETTER OF SPONSORSHIP** from a **Coller Society Member**.

DEADLINE: September 1, 2020
Please mail or email application:
Email to: collersurgicalsociety@gmail.com
Frederick A. Coller Surgical Society
PO Box 1171
Ann Arbor, MI 48106