**FWHUT EDUCATIONAL GRANT**

**APPLICATION FORM**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone/Fax: |  |
| Email: |   |
| Alternate email:(if applicable): |   |
| Your resume: (in detail) |  |
| Area of interest: (urogynecology field)  |  |
| Name and institution of proposed host site: |  |
| Length of training program: |  |
| Interested topics for research:(if length of training program longer than 6 months) |  |
| Clear scan of passport: (for training formalities |  |
| Estimated cost of travel and accommodations  |
|   |
|  The names and numbers of bank account: |
|  |
| In order to complete this application, please read and agree to the following statement and sign this application. |
| “I understand that FHWUT will provide travel expense of economic-class air travel and accommodations. No additional funding will be provided by FHWUT. The board of FHWUT has the right to turn down the application. If I do not complete my training programs, I will return the entire amount of the sponsors in full. I understand that I forfeit the sponsor if I chose to change my host site location. I understand that it is expected that I will submit a detailed report of my experience during my training program for review by the Education Committee. I understand that I have to complete a well-structured research study during my training program.” |
| Signature of Applicant:  |   |
| Date: |   |