**FWHUT EDUCATIONAL GRANT**

**APPLICATION FORM**

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| --- | --- | --- |
| 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: |  | |