



# ABS 2012 HDR Brachytherapy Scholarship Application Form

Applicant Name								
<b>Address</b>								
Street								
City, State, Zip								
Country								
Email Address								
<b>Residency</b>								
Institution								
Post Graduate Year	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6+	Post Training Year	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Street Address								
City, State, Zip								
Country								
<b>Program Directors Information</b>								
Program Director								
Contact Number								
Fax								
Email Address								
<b>Availability</b>								
Indicate week(s), or month(s) that you will be available to attend the program. Please do not put "anytime" if this is not the case. Indicate "only" your available dates. If you are selected for the program the dates you indicate will be used to schedule you for training.								
Dates Available <b>2012:</b>								

**DEADLINE IS JANUARY 16, 2012, midnight (EST)**

1. Complete this form then email this completed application to Melissa Pomerene at [mpomerene@drohanmgmt.com](mailto:mpomerene@drohanmgmt.com)
2. Email a copy of your CV *and* a brief statement, of less than 200 words, on how the elective will enhance our career goals to [mpomerene@drohanmgmt.com](mailto:mpomerene@drohanmgmt.com)
3. Have your program director email a letter of reference to [mpomerene@drohanmgmt.com](mailto:mpomerene@drohanmgmt.com)
4. You will receive a confirmation of receipt for your application via email.
5. Applications received after January 16, 2012 will not be considered for the program.