



## Craniofacial Anomalies and Special Care Training Award 2018 - 2019 FELLOWSHIP APPLICATION

APPLICANT INFORMATION

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

Name of Institution: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ AAO Member Number \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Email: \_\_\_\_\_

Other email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Citizenship:

U.S. Citizen

Canadian Citizen

Green Card or Canadian equivalent

None of the above – actively pursuing Green Card or Equivalent

I understand that I must designate the terms of my fellowship from the following.

Years in Fellowship	Award Amount	Years Additional Teaching
1	\$30,000	2

SUBMISSION INFORMATION

**Applications due by February 1, 2019. No applications will be accepted after this date.**

Include each of the following with your application (incomplete applications will not be accepted):

1. Official transcripts from all undergraduate and graduate programs
2. Curriculum Vitae
3. A narrative describing personal goals including a plan for future development
4. A letter of recommendation from the orthodontic chair and craniofacial program chair attesting to the candidate's commitment to education describing past experience, aptitude and strengths
5. Letter from institution declaring its commitment of support of the fellowship program.
6. Verification of citizenship 1) photocopy of birth certificate or passport 2) photocopy of green card or Canadian equivalent or 3) verification that applicant is actively pursuing a green card or equivalent from Legal Counsel or their letterhead or from applicant's University Dean/Chair/Program Director on the University's or Hospital's letterhead

**Submit all materials via email to Barb Simon: [bsimon@aaortho.org](mailto:bsimon@aaortho.org)**