



## 2010 ARTE SCHOLARSHIP APPLICATION

Full Name: \_\_\_\_\_

Residency Program: \_\_\_\_\_

Gender: M  F

Roommate Request (requests will be honored where possible): \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home/mobile): \_\_\_\_\_

Email (work): \_\_\_\_\_ Email (home): \_\_\_\_\_

**As of July 1, 2009 I am a** (please check):

- 1<sup>st</sup> year dermatology resident
- 2<sup>nd</sup> year dermatology resident
- 3<sup>rd</sup> year dermatology resident
- Dermatology Fellow – Type of Fellowship: \_\_\_\_\_
- I am also a chief resident in 2008/2009
- I will be a chief resident in 2009/2010

I have attended ODAC before as an ARTE Scholar in year(s): \_\_\_\_\_

I have read and agree to The ARTE Scholar Commitment as outlined in the ARTE Program Information sheet. I understand that I will be held accountable to this commitment and that receipt of the ARTE Scholarship package is dependant upon fulfillment of this commitment.

**My hospital or university program has implemented new rules and regulations that may affect this scholarship award. Please contact me to discuss my interest in this scholarship.**

We encourage you to become fans of **ARTE Scholars** on Facebook. Please check the box to the left if you currently have a Facebook Page.

**Please fax this form and a copy of your CV or resume to (866) 495-6283**

For questions, please email us at [info@orlandoderm.org](mailto:info@orlandoderm.org) or call (212) 213-8784.