



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):

- 1st year dermatology resident
- 2nd year dermatology resident
- 3rd 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 or call (212) 213-8784.