



2012 ARTE SCHOLARSHIP APPLICATION

Please Write Legibly for Ease of Review

First Name **Middle Initial** **Last Name** **Degree**

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 (mobile):** _____

Email (work): _____ **Email (home):** _____

I prefer to be contacted using (indicate one phone number and one email):

Work Phone **Cell Phone** **Work Email** **Home Email**

As of July 1, 2011 I will be 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 2010/2011 (circle one)**
- I will be a chief resident in 2011/2012 (circle one)**



- 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.
- Become fans of the “**ARTE Scholars**” page on Facebook so that we can provide you with further program updates! 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 **Kathy.lopes@orlandoderm.org** or call **646-736-4337**.