

**American Society for Reconstructive Microsurgery**

**Women’s Microsurgery Group**

**ViOptix Travel Scholarship**

The purpose of the Women’s Microsurgery Group travel scholarship is to foster early interest in reconstructive microsurgery in women medical students or residents. This year ViOptix will be funding two travel scholarships for the Women’s Microsurgery Group. Funding by ViOptix includes travel to the ASRM Annual Meeting (coach fare, purchased at least 3 weeks in advance), hotel costs for up to 4 nights, and ASRM meeting registration fees. Awardee will be responsible for food/beverage costs outside of what is provided during the ASRM Annual Meeting.

Criteria for applying:

1. Female
2. Medical Student or resident in good standing in an American or Canadian medical school or residency interested in pursuing reconstructive microsurgery
3. Applicant may NOT be presenting an abstract during the Annual Meeting

Completed Application includes the following requirements:

1. Letter of Recommendation from a surgeon/mentor
2. Explaining that the applicant has demonstrated true interest in reconstructive surgery
3. Why the applicant is deserving of the scholarship
4. Verify that the applicant is a medical student or resident in good standing in an American or Canadian program
5. One page personal statement explaining your interest in reconstructive microsurgery and the ASRM as well as the top five characteristics, qualifications, priorities and expertise both personally and professionally you are looking for in a mentor.
6. CV
7. Completed Application Form (see next page)

Awardee Responsibilities:

1. Commitment to attend the ASRM Annual Meeting and scientific sessions
2. Attend the Women’s Microsurgery Group reception
3. Write a short piece about her experience at the meeting to be published in the ASRM newsletter and/or website

**All applications must be submitted to** **asrmadmin@isms.org** **by November 1**



**American Society for Reconstructive Microsurgery**

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**ViOptix Travel Scholarship**

**Deadline: November 1**

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

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

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Status:

* Medical Student: Year \_\_\_\_\_\_\_\_\_\_\_
* Resident in Plastic Surgery: Year \_\_\_\_\_\_\_\_\_\_\_
* Resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specialty): Year \_\_\_\_\_\_\_\_\_\_\_

Surgeon/Mentor Providing Recommendation:

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

Community Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Publications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following with this application form:

1. Letter of Recommendation from a surgeon/mentor
2. Explaining that the applicant has demonstrated true interest in reconstructive surgery
3. Why the applicant is deserving of the scholarship
4. Verify that the applicant is a medical student or resident in good standing in an American or Canadian program
5. One page personal statement explaining your interest in reconstructive microsurgery and the ASRM as well as the top five characteristics, qualifications, priorities and expertise both personally and professionally you are looking for in a mentor.
6. CV

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Applications to** **asrmadmin@isms.org** **by November 1**

**If you have any questions, please email asrmadmin@isms.org or call 312-456-9579**