SECTION ONE – Applicant Information
Please note: Incomplete or illegible applications will be returned, clearly print or type all information

First Name: __________________________________ Last Name(s): __________________________________

Street Address:________________________________________________________ Apt/Floor/Lot/Unit:________________________

City:________________________________________________ State/Province: __________________ Zip/Postal Code:________ Country ______________

Current Facility:____________________________________________________________________ IAHCSMM ID# _________________________

Facility Address: __________________________________________________________________________________________

Current Position:________________________________________________________________________________________ Number of Years in CS:________________________

Home or Cell Phone: (__________)____________________ Work Phone: (__________)____________________ Ext: ___________________

Home Email: __________________________ Work Email: ________________________________

SECTION TWO – Proposed Topic

Proposed Topic Title: ________________________________________________________________________________

Please attach a detailed outline of your topic. For guidance on content and organization please refer to the Research Paper Guidelines.

SECTION THREE – Submission Criteria

Please submit the following to IAHCSMM headquarters to be considered by the Fellowship Committee:

1) Fellowship application;
2) Curriculum Vitae;
3) Two letters of Recommendation; and
4) Research Paper topic and detailed outline (see Section Two).

Date Application Received:________________________________ Mentor Assigned:______________________________

Date Application Sent to Committee: __________________________ Date Fellowship Accepted: _______________________