

Craniofacial Anomalies and Special Care Training Award FELLOWSHIP APPLICATION

Name: _____ Date: _____

Name of Institution: _____

Expected Date of Graduation: _____ AAO Member Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

School Email: _____ Other Email: _____

Home Phone: _____ Cell Phone: _____

Citizenship:

U.S. Citizen _____ Canadian Citizen _____ Green Card or Canadian equivalent _____

None of the above – actively pursuing Green Card or Equivalent _____

I understand that I must designate the terms of my fellowship from the following.

Years in Training Program	Award Amount	Years Additional Teaching
1	\$30,000	2

Applications due by February 1.
No applications will be accepted after this date.

Include each of the following with your application (incomplete applications will not be accepted):

1. Official transcripts from all undergraduate and graduate programs
2. Curriculum Vitae
3. A narrative describing personal goals including a plan for future development
4. A letter of recommendation from the orthodontic chair and craniofacial program chair attesting to the candidate's commitment to education describing past experience, aptitude and strengths
5. Letter from institution declaring its commitment of support of the program.
6. Verification of citizenship 1) *photocopy of birth certificate or passport* 2) *photocopy of green card or Canadian equivalent* or 3) *verification that applicant is actively pursuing a green card or equivalent from Legal Counsel or their letterhead or from applicant's University Dean/Chair/program Director on the University's or Hospital's letterhead.*

Submit all materials via email to: education@aaortho.org