

**INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE**

**SCHOLARSHIP APPLICATION FORM**

**PART I – TO BE COMPLETED BY APPLICANT**

*Note: This form must be completed in type font Courier 10 (or similar) and sent electronically to the Chairman of the Scholarship Committee (richtanhy@yahoo.com.sg).*

**FULL NAME**

**TITLE** (family name & given names) **SEX**

**ADDRESS** Home:  
Work:

**TELEPHONE** (including country and area prefixes)

**FACSIMILE/TELEFAX** (including country and area prefixes)

**E-MAIL**

**DATE OF BIRTH**

**COUNTRY OF BIRTH**

**EDUCATION**

Institution attended:

**NATIONALITY**

Dates from:

Dates to:

- a) Undergraduate
- b) Medical School
- c) Post graduate
- d) Other

**CAREER ACTIVITIES SINCE GRADUATION**

*Please give a full and complete account of your career activities to the present time, including details of post-graduate training and experience in aviation, space and aerospace medicine.*

**ORGANIZATION**

**ACTIVITY**

Dates from:

Dates to:

# INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

## SCHOLARSHIP APPLICATION FORM (cont'd)

**PUBLICATIONS** - *Please list all your publications (Title, journal, year, etc.)*

**HONOURS AND AWARDS RECEIVED** *(Title or Name of Award, and Year)*

**MILITARY SERVICE**

### **FUTURE CAREER PLANS**

*Please provide a full account of the way in which you intend to pursue a career in aviation/space medicine in the future. The Scholarship Committee places particular emphasis on the future career plans of the Applicant, therefore details of intended career should be given here. **(Please attach a one page essay)***

### **SCHOLARSHIP REQUEST:**

**A. PURPOSE:** *(Full details of the intended training course, including name of course, name of Institution providing the course, location, dates, course or tuition fees, and name of Course Director)*

Intended course:

Institution:

Location:

Dates:

Course/tuition fees:

Course director:

**INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE**

**SCHOLARSHIP APPLICATION FORM** (cont'd)

**B. FINANCE REQUESTED** (*state total cost of desired programme including tuition fee and living expenses, then itemize*)

**C. OTHER SOURCES OF FINANCIAL SUPPORT** (*specify source and amount*)

**STATE IN DETAIL WHY YOU CONSIDER THAT YOU SHOULD RECEIVE FINANCIAL SUPPORT FROM THE ACADEMY**

*If I am selected as the successful candidate and receive the Scholarship, I will make every effort to keep in contact with the Academy and notify the Chairman of the Scholarship Committee or the Secretary General of my career progress.*

DATE (*Date of submission*):

PLEASE FORWARD THE COMPLETED APPLICATION FORM TO THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE OF THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE TO BE RECEIVED BEFORE **August 1st** OF THE CURRENT YEAR

Dr. Richard Tan, MD  
[richtanhy@yahoo.com.sg](mailto:richtanhy@yahoo.com.sg)

**INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE**

**SCHOLARSHIP APPLICATION FORM**  
**PART II - TO BE COMPLETED BY SPONSOR**

*(The Sponsor should be a physician who has experience in aviation/space medicine and who has knowledge of the applicant, including his/her professional interests)*

**Must be submitted as attachment to an e-mail message sent by the Sponsor directly from the Sponsor's own e-mail address to the Chairman of the Scholarship Committee.**

**FULL NAME** *(Family name followed by given names)*

**TITLE**

**ADDRESS** *(for correspondence)*

**TELEPHONE NUMBER**

*(including country and area prefixes)*

**TELEFAX NUMBER**

*(including country and area prefixes)*

**PRESENT POSITION**

**ARE YOU A MEMBER OF IAASM - THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE?      YES     NO**

**RELATIONSHIP WITH AND TIME FOR WHICH YOU HAVE KNOWN THE APPLICANT**

- A. RELATIONSHIP (e.g. teacher, supervisor, colleague)
- B. TIME (Years/months)

**RECOMMENDATION**

*Please give your opinion as to the true intentions of the candidate as far as a career in aviation medicine is concerned and how you consider the candidate would benefit from the proposed course of study.*

**DATE** *of submission by sponsor:*

**PLEASE FORWARD THE COMPLETED FORM TO THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE OF THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE TO BE RECEIVED BEFORE **AUGUST 1st** OF THE CURRENT YEAR**

**Dr. Richard Tan -- [richtanhy@yahoo.com.sg](mailto:richtanhy@yahoo.com.sg)**

**INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE**

**SCHOLARSHIP APPLICATION FORM**

**PART III – TO BE COMPLETED BY APPLICANT**

*Note: This form must be completed in typefont Courier 10 (or similar) and sent electronically together with Part 1 of the Application to the Chairman of the Scholarship Committee at [richtanhy@yahoo.com.sg](mailto:richtanhy@yahoo.com.sg)*

**FULL NAME**

*(family name & given names)*

**CURRENT SOURCE  
OF INCOME**

**ANNUAL AMOUNT (state currency):**

**AVAILABLE SAVINGS  
(state currency)**

*Bank:*

*Investments (indicate convertible stocks, bonds, mutual funds, etc):*

*Other liquid assets:*

**FINANCIAL SUPPORT  
FROM OTHERS  
(state currency)**

*Family support (state relationship and amount of support):*

*Government support (state type and amount of support):*

*Other support (state source and amount):*

**EXPECTED INCOME  
DURING THE PERIOD  
OF THE PLANNED  
STUDY/RESEARCH  
(state currency)**

*Source:*

*Amount:*

**TOTAL COST OF  
PLANNED  
STUDY/RESEARCH  
(state currency)**

*Tuition fees:*

*Books/equipment:*

*Living expenses (including insurance):*

*Travel:*

**HOW DO YOU PLAN  
TO COVER THE  
DIFFERENCE  
BETWEEN THE  
TOTAL COST OF THE  
PLANNED  
STUDY/RESEARCH  
AND THE IAASM  
SCHOLARSHIP  
GRANT?**