

**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 (friostejada@gmail.com).*

**FULL NAME**

(family name & given names)

**TITLE**

**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**

**NATIONALITY**

**EDUCATION**

Institution attended:

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 agree to notify the Chairman of the Scholarship Committee and the Secretary General of my career progress by sending an update to them at least once per year.*

DATE (*Date of submission*):

**Please forward the completed application form to the Chair of the Scholarship Committee prior to 1 August.** Scholarship winners will be advised before 31 December of the same year. Funding will be made available to scholarship winners for courses **commencing on or after 1 January of the following year.**

Dr. Francisco Rios Tejada, Chair, Scholarship Committee  
*friostejada@gmail.com*

**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 Chair of the Scholarship Committee prior to 1 August.** Scholarship winners will be advised before 31 December of the same year. Funding will be made available to scholarship winners for courses **commencing on or after 1 January of the following year.**

**Dr. Francisco Rios Tejada, Chair, Scholarship Committee**  
**friostejada@gmail.com**

**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 [friostejada@gmail.com](mailto:friostejada@gmail.com)*

**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?**

I understand that any scholarship granted by the International Academy of Aviation and Space Medicine is to be used for the sole purpose of pursuing the academic training applied for. I further understand that any grant is intended for my sole use and I agree not to share it with any other person.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name in CAPITALS: \_\_\_\_\_