

NREF Directed Residency Scholarship



1. APPLICANT INSTITUTION

Institution Name _____

Federal ID # _____

Institution Mailing Address _____

Program Director Name _____

Title _____

Phone _____

Email Address (required) _____

Is the applicant institution a non-profit entity? Yes No

If no, provide name of affiliated non-profit entity _____

Is the applicant institution accredited by the Accreditation Council for Graduate Medical Education (ACGME)? Yes No

2. FINANCIAL OFFICER

Name _____

Title _____

Email Address (required) _____

Phone _____ Extension _____

Employer Identification Number # _____

3. PAYEE INFORMATION

Check Payable To _____

Mailing Address _____

(Please include the name of the person to receive the check, along with a mailing address.)

Institutions based in North America must provide proof of qualification as a non-profit, charitable entity, including the following with their application:

- Tax Exempt Letter
- W-9 Form
- IRS Determination letter with the institution's status noted, including the federal ID number

4. RESIDENT SCHOLAR

Name _____

Phone _____

Email Address (required) _____

Preferred time frame (MM/DD/YY-MM/DD/YY) for rotation _____

(Note: Scholarship period not to exceed 12 months.)

Subspecialty _____

Please provide the following:

- CV for the resident traveling for this rotation
- One- to two-page essay describing the resident's specific purpose and detailed plan for use of the scholarship, plans for continuing in some aspect of academic medicine or research related to neurosurgical sciences and how the scholarship will help attain their goals in academic neurosurgery

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5. HOST INSTITUTION – PROGRAM DIRECTOR

Name _____

Title _____

Email Address (required) _____

Mailing Address _____

Phone _____ Extension _____

Is the applicant institution a non-profit entity? Yes No

If no, provide name of affiliated non-profit entity _____

Is the applicant institution accredited by the Accreditation Council for Graduate Medical Education (ACGME)? Yes No

Please provide a letter from the host institution confirming the resident's acceptance for this rotation.

6. SCHOLARSHIP FUNDING REQUEST

- Personnel Expenses \$ _____
(Including salary and fringe benefits. The grant is intended to fund salary and benefits first.)
- Research Expenses \$ _____
- Educational Expenses \$ _____
- Other Expenses \$ _____

Total Scholarship Budget Expenses \$ _____

7. APPLICANT CERTIFICATION AND ACCEPTANCE

I certify, on behalf of the applicant, that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the NREF's terms and conditions if a scholarship grant is awarded as a result of this application. I further certify that the applicant understands that any deliberate omission or the misrepresentation or falsification of any of the information contained in this application or in any other communication by the applicant to the NREF related to this application may void any scholarship grant awarded to the applicant institution by the NREF and may require the applicant institution to refund any such grant.

Signature of program director as named in item 1.

Applicant Signature _____ Date _____

Submit this application and all documentation to info@nref.org.

- Completed and signed application
- CV for the resident traveling for this rotation
- One- to two-page essay describing the resident's specific purpose and detailed plan for use of the scholarship
- Letter from the host institution confirming the resident's acceptance for this rotation

If you have any questions, please contact the NREF at 847.378.0500 or info@nref.org.