

## Member-In-Training Scholarship Application

Please complete all fields below and return your application and application materials to:

American College of Phlebology  
101 Callan Street, Suite 210  
San Leandro, CA 94577  
p/866.643.8346  
f/510.346.6808  
info@acpmail.org

### PERSONAL INFORMATION

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Degree \_\_\_\_\_

### INSTITUTION INFORMATION

Institution \_\_\_\_\_  
Department Name \_\_\_\_\_  
Chairperson's name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Please provide, on a separate sheet of paper, a brief statement about why you wish to attend the ACP's Annual Congress and become a Member-In-Training. (200 words or less).

Have you obtained funds from your department or any other source to attend this meeting. (Check One)  
 Yes  No

If yes, state the amount and source of the funding you have received.

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Do you plan to submit an abstract for the Annual Congress?  Yes  No  
(Visit [www.acpcongress.org/presentabsum.html](http://www.acpcongress.org/presentabsum.html) for more information.)

Please attach the following to your application:  Chairperson's Letter of Recommendation  
 Curriculum Vitae