# 2019 OHSU Medical Student Fellowship in Otolaryngology and Auditory/Vestibular Neuroscience: Application Packet

*A Leading Scholarship Available for United States Medical Students Intending a Career in Otolaryngology*

Established in 2010, the OHSU Medical Student Fellowship in Otolaryngology and Auditory/Vestibular Neuroscience supports a 10-week period of research in otolaryngology and auditory/vestibular neuroscience at Oregon Health & Science University (OHSU) and residence expenses in Portland, Oregon. One fellow will be selected annually.

As of 2019, this fellowship is only open to OHSU medical students.

Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are encouraged to apply. Specific dates for the fellowship will be coordinated between the research mentor and student, but the fellowship must be completed within one year of the award.

The fellow will work with a faculty member to conduct a research project with the aim of a published article, a (inter)national conference presentation, or both. Students will also present their work at the department Grand Rounds at the end of the internship. Fellows will receive a $5,000 stipend.

This fellowship is supported by the Everts-Smith Educational Endowment.

#### Instructions to Applicant:

* All application materials must be received by **Friday, February 22, 2019**.
* All application materials may be submitted electronically. The Signature Page may be faxed, mailed, or scanned and emailed. See page 5 for more information.
* Notification of award will be made by **March 15, 2019.**
* After notification of the award, the applicant must indicate acceptance in writing within 15 days of the notification date. If acceptance is not received by the deadline, funds will be awarded to the first runner-up.
* One award will be made per year.
* The OHSU Medical Student Fellowship in Otolaryngology and the Everts-Smith Educational Endowment are to be cited as a source of support for any publicity that may result from this award, including in the acknowledgements section of scientific publications.

#### Application Materials:

(MS Word or PDF formats are accepted)

1. Application Form & Signature Page
2. Curriculum vitae
3. Essay: Word limits for each section of the essay (and total limit of 600 words) will be strictly enforced.
4. Two letters of recommendation

#### Budget:

* The OHSU Department of Otolaryngology-Head and Neck Surgery will manage the Fellowship budget.
* The award will be made payable to the applicant and disbursed in accordance with OHSU institutional policy.

# 2019 OHSU Medical Student Fellowship Application Form

### Personal Information

|  |  |
| --- | --- |
| **Applicant Name (First and Last):** | **Medical School:** |
| **Date enrolled (MM/DD/YYYY):** | **Date anticipated graduation (MM/YYYY):** |
| **Current Mailing Address:** | **City, State, Zip** |
| **Phone:** | **Email:** |
| **Date of Birth (MM/DD/YYYY):** |  |

References

*Reference 1:*

|  |  |
| --- | --- |
| **Name:** | **Title:** |
| **Address:** | **Organization:** |
| **Email:** | **Phone:** |

*Reference 2:*

|  |  |
| --- | --- |
| **Name:** | **Title:** |
| **Address:** | **Organization:** |

**Email:**

**Phone:**

Educational Experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Location of Educational Institutions (List most recent first)** | **Major and Minor Fields of Study** | **Degree(s)** | **List Expected or Actual Dates of Attendance and/or Degree Receipt (MM/DD/YYYY) to (MM/DD/YYYY)** |
|  |  |  |  |
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Academic Honors

|  |  |
| --- | --- |
| **List all Academic Honors:** | **Date of Receipt (MM/DD/YYYY)** |
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Financial Support

**Are you applying for concurrent support from any federal or non-federal agency?**

**Yes No**

**Have you ever received any research training financial support?**

**Yes No**

**\*\*If you answered yes to either question, please describe below all grants, scholarships, and fellowships:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Number** | **Level Type or Level** | **From (MM/DD/YYYY) to (MM/DD/YYYY)** |
|  |  |  |  |
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Essay

Please provide the following information in essay format (MS Word or PDF attachment, 600 total word limit). Include page numbers and list your name at the top of each page.

Briefly summarize:

1. Why you would like to pursue a career in otolaryngology? **(100 word limit)**
2. What is your scientific and/or research experience to date? Please list your results and publications, if applicable.

Do not list academic courses here. *Prior research experience is not an absolute requirement for an application.* **(150 word limit)**

1. Describe a problem in otolaryngology and describe why you think it is important, how you might investigate it, and what you think might be found. *This is* ***NOT*** *a proposal for research to be carried out at OHSU; your summary will only be used to evaluate your promise as an applicant.* **(350 word limit)**

Once accepted, the fellow will be paired with an OHSU, Department of Otolaryngology-HNS faculty mentor.

2019 OHSU Medical Student Fellowship Applicant Signature Page

**All application materials must be received by: Friday, February 22, 2019**

**Notification of award will be made by March 15, 2019**

I have reviewed this application for an OHSU Medical Student Fellowship in Otolaryngology-HNS and Auditory/Vestibular Neuroscience, and to the best of my knowledge, the information enclosed is accurate. I agree to release and hold harmless the Fellowship Committee and OHSU, from any complaints or claims or demands for damage or otherwise, by reason of any act of omission or commission that they, or any of them, may make in connection with this application, including but not limited to the evaluation of the application and the final decision with respect to its approval and/or funding. It is understood that the decision as to whether my application qualifies me for approval and/or funding rests solely and exclusively with the Fellowship Committee and that its decision is final. I understand that I will be legally bound by the foregoing.

Applicant Name: Date:

Signature:

*This signature page and all application materials must be submitted electronically or by mail by the deadline.*

Timothy Hullar, M.D.

Director, OHSU Medical Student Fellowship in Otolaryngology and Auditory/Vestibular Neuroscience

Department of Otolaryngology-Head and Neck Surgery

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*Questions? Please contact the Program Administrator, Karey Beck, at 503.494.4283 or* [*bekar@ohsu.edu*](mailto:bekar@ohsu.edu)