



## 2020 Campagna Scholarship: Application Packet

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

Established and funded by Dr. Mario and Mrs. Edith Campagna in 2006, the Campagna Scholarship supports a 10-week period of research under the supervision of a neurosurgical mentor at Oregon Health & Science University (OHSU) and residence expenses in Portland, Oregon. Students in the first or second year of study at an accredited allopathic U.S. medical school are eligible to apply. One scholar will be selected annually.

Campagna scholars will receive \$5,000 for support of travel to and living expenses in Portland. Scholars are eligible for up to \$2,500 additional award to support travel to a national neurosurgical meeting to present the results of their research project, under the supervision of their mentor. The OHSU neurosurgical faculty mentor also receives up to \$2,500 to cover research expenses.

### Instructions to Applicant:

- All application materials must be received by **Friday, February 21, 2020.**
- 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 20.**
- After notification of the award, the applicant must indicate acceptance in writing within 14 days of the notification date. If acceptance is not received by Campagna Scholarship Committee by the deadline, funds will be awarded to the first runner-up.
- One award will be made per year.
- The OHSU Neurological Surgery Campagna Scholarship is 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. School of Medicine Dean's letter
5. Two letters of recommendation

### Budget:

- The OHSU Department of Neurological Surgery will manage the Campagna Scholarship budget.
- The award will be made payable to the applicant and OHSU neurosurgical faculty mentor and disbursed in accordance with OHSU institutional policy.
- The student will be required to submit a summary of all expenses upon completion of the scholarship.

### Campagna Scholarship Committee:

- Justin Cetas, M.D., Ph.D. (Committee Chair), Education Program Director, Associate Professor
- Seunggu Han M.D., Education Program Associate Director, Associate Professor
- Jeremy Ciporen, M.D., Associate Professor, Director of Surgical Neuro-Oncology
- Shirley McCartney, Ph.D., Associate Professor, Director of Clinical Research

## 2020 Campagna Scholarship Application Form



### Personal Information

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<b>Applicant Name (First and Last):</b>	<b>US accredited Medical School:</b>
<b>Date enrolled (MM/DD/YYYY):</b>	<b>Date anticipated graduation (MM/YYYY):</b>
<b>Current Mailing Address:</b>	<b>City, State, Zip</b>
<b>Phone:</b>	<b>Email:</b>
<b>Social Security Number ( for payments process)</b>	<b>Date of Birth (MM/DD/YYYY):</b>

### References

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Reference 1:

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Organization:</b>
<b>Email:</b>	<b>Phone:</b>

Reference 2:

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Organization:</b>



## The Campagna Scholarship in Neurological Surgery

<b>Email:</b>	<b>Phone:</b>
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### Reference 3:

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Organization:</b>
<b>Email:</b>	<b>Phone:</b>

### 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)

### Academic Honors

List all Academic Honors:	Date of Receipt (MM/DD/YYYY)



## 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've 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)

## 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 neurological surgery **(100 word limit)**
2. Any scientific and/or research experience to date; state results, if any, of your research experience and list any publications **(150 word limit)**  
Do not list academic courses here. Prior research experience is not an absolute requirement for an application.
3. a neurosurgical problem; why you think it is important, how you propose to investigate, what you think might be found, and the significance of the problem **(350 words limit)**  
*This is **NOT** a proposal for research to be carried out at OHSU; your summary of a neurosurgical problem will only be used to evaluate your promise as an applicant.*

Once accepted, the scholar will be assigned to a specific project with an OHSU, Department of Neurological Surgery faculty mentor.



## 2020 Campagna Scholarship Applicant Signature Page

**All application materials must be received by: Friday, February 21, 2020**

**Notification of award will be made by March 20, 2019**

I have reviewed this application for an OHSU Campagna Scholarship in Neurological Surgery, and to the best of my knowledge, the information enclosed is accurate. I agree to release and hold harmless the Campagna Scholarship 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 Campagna Scholarship Committee and that its decision is final. I understand that I will be legally bound by the foregoing.

Please type all non-signature information:

Applicant Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

*This signature page and all application materials must be submitted via Fax, Email, or Postal Mail by the deadline.*

Campagna Scholarship Committee  
Department of Neurological Surgery  
Mail code CR-137  
3181 SW Sam Jackson Park Rd.  
Portland, OR 97239

Fax: 503-346-6810

Email:

[nsgeducation@ohsu.edu](mailto:nsgeducation@ohsu.edu)

*Questions? Please contact the Program  
Coordinator at 503.494.6207*