



CEDARS-SINAI MEDICAL CENTER.
Department of Surgery

2007 Surgical Scholar Award

PURPOSE OF THE AWARD

Cedars-Sinai Medical Center Department of Surgery (Chairman Dr. Bruce L. Gewertz) is pleased to announce the establishment of the Surgical Scholar Award designed to provide fourth year medical students the opportunity to work with our Faculty Physicians in the surgical fields of Trauma/ICU, Vascular, Transplant, or General/Advanced Laparoscopic Surgery. During that time, successful applicants will be awarded a stipend of \$1,500 for the month.

Eligibility

Applicants should be a full time medical student in good academic standing entering their fourth year in an approved American medical school in the 2007-2008 academic year. Candidates should demonstrate a desire to enter a surgical training program. The award will provide students a one-month long training program between July and November 2007.



INSTRUCTIONS TO THE APPLICANT

Application Form

Candidates must complete the application form found below, or contact Kristin Martinez at kristin.martinez@cshs.org for a copy. Please use extra sheets when necessary.

Application deadlines are rolling, but completed documents must be received two months prior to the desired start date (e.g. May 1st deadline for July 1st start).



Letter of Recommendation

One letter of recommendation from medical school faculty member, preferably a surgeon, addressing the applicant's character, academic and personal achievements must be submitted.

Transcript of Grades

Applications must include transcripts from medical school and postgraduate work.

Personal Statement

In addition to completing the application form, the applicant must write a brief personal statement of approximately 500 words using the following questions as a guide to explain why he/she should be selected to receive the Cedars-Sinai Medical Center Department of Surgery 2007 Surgical Scholar Award:

- How might your teachers, colleagues, friends describe you?
- Describe the most difficult challenge you have faced and how you have handled it.
- Why do you aspire to be a surgeon?

For any questions, please contact:

Kristin Martinez surgicalaward@cshs.org
(310) 423-8762



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APPLICATION FORM

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For any questions regarding the program or application, please contact Kristin Martinez at surgicalaward@cshs.org or (310) 423-8762.

Mail completed application to:
2007 SURGICAL SCHOLAR AWARD
C/O Kristin Martinez
Cedars-Sinai Medical Center
8700 Beverly Blvd., Room 8215 NT
Los Angeles, CA 90048

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Social Security No.		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Preferred month of training (July – November 2007)		
EDUCATION		
College		Address
From	To	Degree
Medical School		Address
From	To	Degree
ACADEMIC ACHIEVEMENTS		
<i>Please list all academic achievements, including awards and publications. (attach additional pages if required)</i>		