

Application Form for Fellowship Award 2022

RONALD G. MICHELS FELLOWSHIP FOUNDATION

IMPORTANT: THIS APPLICATION MUST BE COMPLETED WITH ADOBE READER.

If you do not have Adobe Reader, you can download it for free at <http://get.adobe.com/reader/>.
Applications completed with any other software will not be accepted.

Personal Information

First name Middle initial Last name

Degree Citizenship

Medical license number State(s) in which you are licensed to practice

I confirm that I am a second-year surgical vitreoretinal fellow-in-training in the United States.

Home address (as of July 1):

Street City State Zip code

Phone Email

Education

RETINA FELLOWSHIP program (as of July 1) City State

RESIDENCY program Years inclusive* City State

INTERNSHIP institution Years inclusive* City State

MEDICAL SCHOOL institution Degree Years inclusive* City State

COLLEGE institution Degree Years inclusive* City State

OTHER institution Specialty/degree Years inclusive* City State

* Years inclusive, e.g., 2005-2009

References

1. **Retina fellowship** program director Email

2. **Residency** program director Email

References should be individuals familiar with my training and/or research activities
(other than my retina fellowship program director and residency program director)

3. **Reference red:** Name Email

4. **Reference blue:** Name Email

5. **Reference green:** Name Email

Signature: I authorize the verification of the above information, as required.

Enter email address as your signature Date