



FLORIDA VASCULAR FOUNDATION, INC.

400 Capital Circle, SE
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Tallahassee, FL 32301
Phone: (607) 754-2765
Fax: (850) 907-1230
www.fvs.org/foundation

Application Form for Florida Vascular Foundation 2012 Scholarship

Check One: University of Florida Florida State University
 University of South Florida University of Miami

General Information

Name: _____ Phone: _____

Address: _____

Email: _____

Residency Program (n/a for Medical Students): _____

Social Security #: _____

Date of Birth: _____ U.S. Citizen: yes no

Check your 2012 Residency Program: 1st yr 2nd yr. 3rd yr. 4th yr.

Check your 2011-2012 Medical School Class: 3rd yr 4th yr

Class Standing: _____ GPA: _____

Honors & Awards (please attach a current Curriculum Vitae) since you began medical school.

1. Begin with the most recent and include the date of receipt.

2. List leadership activities (i.e. offices held, etc.) since entering college.

Florida Vascular Foundation 2012 Scholarship Application Continued

3. List publications, research projects, volunteer activities, extracurricular activities connected to raising awareness of vascular disease.

4. Tell us about why you are interested in pursuing a career as a vascular specialist and/or any other information the review committee should consider.

5. Tell us about your future goals and how you intend to contribute to the education of the public in the area of vascular disease.

Applicant Signature:

All the information I have provided in this application is accurate and is subject to verification by the Florida Vascular Foundation.

Student: _____ Date: _____

