

**NPF Fellows Symposium  
Application and Travel Scholarship  
April 21 – 23, 2017**

Gaylord Texan Resort & Convention Center  
1501 Gaylord Trail, Grapevine, Texas 76051

*To be filled out by applicant.*

**Personal Information:**

Name in Full: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_ Alternative email: \_\_\_\_\_

Have you attended a previous NPF Fellows Symposium? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes what year(s): \_\_\_\_\_

**Professional Information:**

\*Area(s) of Specialty/Interest (please check all that apply)

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Gastroenterology           | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Pediatric Gastroenterology | <input type="checkbox"/> Surgery  |
| <input type="checkbox"/> Other _____                |                                   |

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax \_\_\_\_\_

**Education:**

College/University

Attended with Dates: \_\_\_\_\_  
\_\_\_\_\_

Medical School

Attended with Dates: \_\_\_\_\_  
\_\_\_\_\_

Graduate School

Dates Attended and Specific Degree: \_\_\_\_\_  
\_\_\_\_\_

**Postgraduate Training:**

	<u>Type</u>	<u>Institution</u>	<u>Dates</u>
Internship:	_____	_____	_____
Residency:	_____	_____	_____
Fellowship:	_____	_____	_____
Other:	_____	_____	_____
Present Professional Position & Institution:	_____		

**Reference from a Mentor (this is required in order to attend the conference)\*:**

Mentor/Advisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Reason for Attending Conference:**

What is your interest in pancreatic disease? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals and aspirations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have attended the symposium previously please provide a brief description of your work since you last attended. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:**

*I certify that the information I have provided on this application is true and accurate to the best of my knowledge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make sure that your application materials include all of the following items before e-mailing:**

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Copy of Curriculum Vitae (CV)
- \_\_\_\_\_ Letter of recommendation from mentor/advisor\*

*\*Please note your mentor/advisor should email the recommendation directly to The National Pancreas Foundation.*

The application is due no later than **January 20, 2017**. Please submit all documents to **info@pancreasfoundation.org**.