European Association for Cranio-Maxillo-Facial Surgery (EACMFS) ENDOWMENTS COMMITTEE

APPLICATION FOR HUGO OBWEGESER TRAVELLING SCHOLARSHIP

(Please type or use BLOCK CAPITALS and ensure that both sides are	e completed)	
Surname/Nom/Name		
First Name/Prenom/Vorname		
Qualifications(Date and Institute)		
Date of Membership of EACMFS_		
Present Post/Appointment_		
Address/Adresse/Anschrift		
Date of Appointment		
Name of Hospital/Institute		
Head of Department		
Nature of study/experience to be gained		
Proposed dates of visit(should not exceed four weeks)		
Estimated expenses(€uro): (a) travelling	<u> </u>	
(b) subsistence	<u></u>	
Documentary support		
1. Head of Department of present post/appointment		
I support this application and confirm that a salary will continue to be paid during the period of leave of absence		
(signature)		
(Name)		
2. Confirmation that written approval has been received from the Head (please enclose a copy with this application)	d of Department to be visited YES/NO	
3. EACMFS Council Member (normally the appropriate National Coun	cillor)	
I am aware of the applicant's training and abilities and support this sub	omission	
(signature)	_(Name)	
I agree that if successful in this application I will submit a report to the months of returning and that the copyright that the copyright of any pa will rest initially with the Editor-in-Chief of the Journal of Cranio-Maxillo	per resulting from the scholarship	
(signature)	(Date)	

SUMMARY OF CURRICULUM VITAE (Pleas	se include details of previous appointments with dates/ es/awards/distinctions etc and publications)
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advice and approval from t	I that prospective candidates seek he respective national bodies ogrammes BEFORE submitting this
Please return this application form via en secretariat@eacmfs.org	nail when FULLY completed to:
(Applications regularly considered by	the Endowments Committee)