

**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 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 _____

Details of Centre to be visited

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 up to a maximum of 2000 Euros:
(*proof of expenses required by provision of receipts*)

(a) travelling _____

(b) subsistence _____

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 of Department to be visited
(please enclose a copy with this application) YES/NO

3. EACMFS Council Member (normally the appropriate National Councillor)

I am aware of the applicant's training and abilities and support this submission

_____ (signature) _____ (Name)

I agree that if successful in this application I will submit a report to the Secretary-General within three months of returning and that the copyright that the copyright of any paper resulting from the scholarship will rest initially with the Editor-in-Chief of the Journal of Cranio-Maxillo-Facial Surgery

_____ (signature) _____ (Date)

SUMMARY OF CURRICULUM VITAE (Please include details of previous appointments with dates/
prizes/awards/distinctions etc and publications)

It is strongly recommended that prospective candidates seek advice and approval from the respective national bodies supervising the training programmes BEFORE submitting this application

Please return this application form via email when FULLY completed to:
secretariat@eacmfs.org

(Applications regularly considered by the Endowments Committee)

