

# European Association for Cranio-Maxillo-Facial Surgery

## PROFESSOR JOHN LOWRY CONGRESS SCHOLARSHIP APPLICATION FORM

### Guidance notes:

Scholarships made on a competitive basis on the recommendation of the Endowment Committee are designed to support Junior Trainee Undergraduate Student – JTUS (excluding Non-European JTUS) and Specialist Trainee Members of EACMFS (plus those who have successfully completed training as specialists within three years of the date of application) in their participation in the 25th Congress which will be held in Paris 15-18th September 2020.

### PERSONAL DETAILS

Please type or use BLOCK CAPITALS and ensure that **ALL** sections are completed in **FULL** and that all the documentation is enclosed/appended. (Note: incomplete forms will not be considered)

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Qualifications (Date and Institute)** \_\_\_\_\_

**Date and Category of EACMFS Membership** (see Guidance notes above)  
\_\_\_\_\_

**Present Post /Appointment** \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Appointment** \_\_\_\_\_

**Postal address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address**  
\_\_\_\_\_

**Tel:** \_\_\_\_\_



\_\_\_\_\_

**DOCUMENTARY SUPPORT**

1. Head of Department of present post/appointment

I support this application and confirm that both leave of absence to participate in the Congress will be granted and a salary will continue to be paid during the period of leave of absence

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Name**

2. EACMFS Council Member (normally the appropriate National Councillor – contact Secretariat for further details if required)

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

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Name**

3. Copy of Abstract submitted to Congress Organisation (*please enclose/append*)

4. Copy of Abstract acceptance notice from Congress Organisation (*please enclose/append*)

5. Copy of Registration Form for Congress (*please enclose/append*)

6. Copy of Registration payment receipt (*please enclose/append*)

7. Copy of CV (*please enclose/append*)

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

SUMMARY OF CURRICULUM VITAE – attach further document if necessary  
(Please include details of previous appointments with dates/  
prizes/awards/distinctions etc and publications)

**Please return this application form via email when FULLY completed to:**  
[secretariat@eacmfs.org](mailto:secretariat@eacmfs.org)

**APPLICATIONS MUST BE RECEIVED NO LATER THAN 30<sup>TH</sup> JUNE EACH CONGRESS YEAR**

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