

IMS International MYOPAIN Society

Educational Fellowship Grants Application

Complete all portions of the following form [Type, above the lines, see Instructions Sheet]:

Personal Information

Family Name _____ First Name _____ Initials _____

Street Address _____ City _____

Mail Code _____ State _____ Country _____

Telephone _____

FAX _____

Email _____

Current level of training _____

Current degree objective _____

Proposed Educational Experience

Name of proposed preceptor _____

Institution of preceptor _____

Street Address _____ City _____

Mail Code _____ State _____ Country _____

Telephone _____

FAX _____

Email _____

Title of proposed program _____

Abstract of Proposed Educational Program [type 250-500 words] Last Name, First
Name Initial

Attachments [see instructions]
Name Initial

Last Name, First

1. Current curriculum vitae of applicant [4 photocopies]
2. Letters of recommendation from current educational institution [original + 3 photocopies]
 - Name _____
 - Name _____
3. Letter[s] of support from proposed preceptor [4 photocopies]
 - Name _____
 - Name _____
4. Schedule outline of proposed educational program
5. Budget of proposed educational program

Costs

- Travel \$
- Lodging \$
- Food \$
- Communication \$
- Fees \$
- Miscellaneous [for international travel include insurance] \$ _____
- **Total Cost** \$

Assets

- IMS grant \$
- Assistance from current institution \$
- Assistance from host institution \$
- Personal funds to be expended \$ _____
- **Total Assets** [must equal or exceed Total Costs] \$

Submission:

Mail complete package to:

International MYOPAIN Society
Attn: Barbara Runnels, MEd
IMS Administrative Officer
P.O. Box 690402
San Antonio, Tx 78269