

**APPLICATION FOR FUNDING OF FELLOWSHIP/RESIDENCY TRAINING OR
CONTINUING EDUCATION PROGRAM**

Name: _____ **Birthdate:** _____

Address: _____ **Phone:** _____
_____ **E-Mail/Fax:** _____

Employer: _____ **Position:** _____

Address: _____ **Phone:** _____
_____ **E-Mail/Fax:** _____

Are you a graduate of the University of the East Ramon Magsaysay Memorial Medical Center? Yes _____ **No** _____

If you answered yes indicate the College and year of graduation : _____

If you answered no indicate the name of your Alma Mater: _____

Name of the Institution/Facility where you are going for Fellowship or Residency Training or Continuing Education: _____

Department: _____

Address: _____

Inclusive Date: _____ **to** _____

Amount of Funding Needed in Dollars or Other Currency: _____

Include the following documents with this Application:

- ◆ Copy of the Program or Brochure
- ◆ Copy of your Diploma
- ◆ Letter of Recommendation from the Head of your Department/Specialty
- ◆ Letter of Reference of good moral character
- ◆ A Brief Essay indicating your purpose in pursuing the Fellowship/Residency/Continuing Education Program. Include the reason(s) why you feel that you deserve the funding of the Foundation. Focus on how you could help improve the quality of education in the UERMMMC.

Send the completed application with the required documents to:

UERMMMC Alumni Foundation, USA, Inc.

c/o Project Committee

9 Mimosa Lane

Piscataway, New Jersey 08854

----- For the Foundation's Use-----

Date Received: _____ Forwarded to: _____

Action: _____

/atc