



CEDARS-SINAI MEDICAL CENTER.
Department of Surgery

2008 Surgical Scholar Award

PURPOSE OF THE AWARD

Applications are now being accepted for the Cedars-Sinai Medical Center Department of Surgery Surgical Scholar Award. The award provides fourth year medical students the opportunity to sub-intern with our Faculty Physicians in the surgical fields of:

- Acute Care Surgery Service
- Advanced General Surgery
- Cardiac Surgery
- Colorectal Surgery
- Minimally Invasive/Bariatric Surgery
- Pediatric Surgery
- Surgical Intensive Care Unit
- Surgical Oncology/Breast Surgery
- Thoracic Surgery
- Transplantation
- Vascular Surgery

Successful applicants will be awarded a stipend of \$1,500 for the month.

Eligibility

Applicants should be a full time medical student in good academic standing entering their fourth year in an approved American medical school in the 2008-2009 academic year. Candidates should demonstrate a desire to enter a surgical training program. The award will provide students a one-month training program between June and October 2008. A total of 8 awards will be granted.



INSTRUCTIONS TO THE APPLICANT

Application Form

Candidates must complete the application form found below, or contact Kristin Martinez at surgicalaward@cshs.org for a copy. Please use extra sheets when necessary.

Applications and all supporting materials must be *received* no later than May 1, 2008.

Letter of Recommendation

One letter of recommendation from medical school faculty member, preferably a surgeon, addressing the applicant's character, academic and personal achievements must be submitted.

Transcript of Grades

Applications must include official medical school transcript.

CV or Resume

A current CV or resume detailing all work, volunteer, and/or research experience.

Personal Statement

The applicant must write a brief personal statement of approximately 500 words using the following questions as a guide to explain why he/she should be selected to receive the Cedars-Sinai Medical Center Department of Surgery 2008 Surgical Scholar Award:

- How might your teachers, colleagues, friends describe you?
- Describe the most difficult challenge you faced and how you handled it.
- Why do you aspire to be a surgeon?
- Explain a distinctive trait about you. What makes you special?



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APPLICATION FORM

Applications must be *received* no later than May 1, 2008.

For any questions regarding the program or application, please contact Kristin Martinez at surgicalaward@cshs.org or (310) 423-8762.

Mail or email completed application to:

2007 SURGICAL SCHOLAR AWARD
 C/O Kristin Martinez
 Cedars-Sinai Medical Center
 8700 Beverly Blvd., Room 8215 NT
 Los Angeles, CA 90048
surgicalaward@cshs.org

APPLICANT INFORMATION										
Last Name					First			M.I.		
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Social Security No.										
Are you a citizen or permanent resident of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
USLME Step 1 Score (if available)										
EDUCATION										
Institution Name										
Address										
Dates Attended										
Institution Name										
Address										
Dates Attended										
Institution Name										
Address										
Dates Attended										

SCHOLAR AWARD PREFERENCES

In the area below, please indicate your first, second, and third preferences for rotation date and specialty:

Rotation Specialty

1. _____

2. _____

3. _____

Date Preferences

1. _____

2. _____

3. _____