

THE RAY CHARLES FOUNDATION SCHOLARS IN NEUROSURGERY
 FUNDED BY THE RAY CHARLES FOUNDATION
APPLICATION FORM

APPLICANT INFORMATION				
Name				
Street address				
City	State	Zip code		
Email address		Phone number		
Are you legally able to work/intern in the US? (Note: Only citizens or permanent residents of the US are eligible for this award.)		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
1. Are you at least 18 years old?		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
2. Are you currently enrolled in a college or university?		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
If yes, specify level and name of college or university:				
5. Describe the basis of your interest in participating in this program.				
6. Describe your research experience and any other laboratory research experience.				
7. Application checklist: <ul style="list-style-type: none"> <input type="radio"/> Application form <input type="radio"/> CV <input type="radio"/> Personal statement <input type="radio"/> Two letters of recommendation Please submit application materials to RayCharlesFoundationscholars@cshs.org				