



Confederación Americana de Urología.

Scholarship Office

SCHOLARSHIP APPLICATION

Date: _____
(MM / DD / YY) .

Please complete this application and send it to: CAU, Fellowships, R. Iguatemi, 192 – 3º andar – 01451-010 - São Paulo, SP, Brasil. Tel-Fax: (55-11) 3168-5311. pompeuro@uol.com.br

Personal Information:

Member Name: _____
Last N. First N.

Country of Residence: _____ Date of Birth: _____ (mm/dd/ yy)

Address : _____
(Country) (City-State)

(Address.) / Zip code

Phone # (area code): _____ / Fax: _____

Email: _____

Scholarship of Interest:

Institution Country

Specialty Scholarship Year Duration

Attachments:

1. Please attach your resume, which should include the following:

- A. Medical Education (University, residency, continuing medical education courses, master and doctoral degrees).
- B. Professional Activities (Positions held, university titles, jobs).
- C. Special Field of Studies (diplomas, scholarships, specialized training, related research).
- D. Membership in Scientific Societies.
- E. Other Relevant Information (conferences, prizes, titles).
- F. Publications (journals, chapters in books, books published, papers presented at scientific meetings).
- G. Please include at the end of your resume a one paragraph statement regarding your personal motives for this application.

2. Please obtain 2 Letters of Recommendation

- A. From one CAU member or chief of your services
- B. From the national urological society of your country

OBSERVATION: all these documents should be posted to the Director of Becas – CAU from March 1st to October 31st each year.

Signature: _____