

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM

PART I – TO BE COMPLETED BY APPLICANT

Note: This form must be completed in type font Courier 10 (or similar) and sent electronically to the Chairman of the Scholarship Committee (rene.germa@aviation-civile.gouv.fr).

FULL NAME

(family name & given names)

TITLE

SEX

ADDRESS

Home:

Work:

TELEPHONE

(including country and area prefixes)

FACSIMILE/TELEFAX

(including country and area prefixes)

E-MAIL

DATE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

EDUCATION

Institution attended:

Dates from:

Dates to:

a) Undergraduate

b) Medical School

c) Post graduate

d) Other

CAREER ACTIVITIES SINCE GRADUATION

Please give a full and complete account of your career activities to the present time, including details of post-graduate training and experience in aviation, space and aerospace medicine.

ORGANIZATION

ACTIVITY

Dates from:

Dates to:

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM (cont'd)

PUBLICATIONS - *Please list all your publications (Title, journal, year, etc.)*

HONOURS AND AWARDS RECEIVED *(Title or Name of Award, and Year)*

MILITARY SERVICE

FUTURE CAREER PLANS

Please provide a full account of the way in which you intend to pursue a career in aviation/space medicine in the future. The Scholarship Committee places particular emphasis on the future career plans of the Applicant, therefore details of intended career should be given here.

SCHOLARSHIP REQUEST:

A. PURPOSE: *(Full details of the planned research work or intended training course, including name of course, name of Institution providing research facility or the course, location, dates, course or tuition fees, and name of Course Director/Research Supervisor)*

Intended course:

Institution:

Location:

Dates:

Course/tuition fees:

Course director:

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM (cont'd)

B. FINANCE REQUESTED (*state total cost of desired programme including tuition fee and living expenses, then itemize*)

C. OTHER SOURCES OF FINANCIAL SUPPORT (*specify source and amount*)

STATE IN DETAIL WHY YOU CONSIDER THAT YOU SHOULD RECEIVE FINANCIAL SUPPORT FROM THE ACADEMY

If I am selected as the successful candidate and receive the Scholarship, I will make every effort to keep in contact with the Academy and notify the Chairman of the Scholarship Committee or the Secretary General of my career progress.

DATE (*Date of submission*):

PLEASE FORWARD THE COMPLETED APPLICATION FORM TO THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE OF THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE TO BE RECEIVED BEFORE **August 1st** OF THE CURRENT YEAR

Dr. René Germa, MD
rene.germa@aviation-civile.gouv.fr

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM
PART II - TO BE COMPLETED BY SPONSOR

(The Sponsor should be a physician who has experience in aviation/space medicine and who has knowledge of the applicant, including his/her professional interests)

Must be submitted as attachment to an e-mail message sent by the Sponsor directly from the Sponsor's own e-mail address to the Chairman of the Scholarship Committee.

FULL NAME *(Family name followed by given names)*

TITLE

ADDRESS *(for correspondence)*

TELEPHONE NUMBER

(including country and area prefixes)

TELEFAX NUMBER

(including country and area prefixes)

PRESENT POSITION

ARE YOU A MEMBER OF IAASM - THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE? YES ☐ NO ☐

RELATIONSHIP WITH AND TIME FOR WHICH YOU HAVE KNOWN THE APPLICANT

A. RELATIONSHIP (e.g. teacher, supervisor, colleague)

B. TIME (Years/months)

RECOMMENDATION

Please give your opinion as to the true intentions of the candidate as far as a career in aviation medicine is concerned and how you consider the candidate would benefit from the proposed course of study.

DATE *of submission by sponsor:*

PLEASE FORWARD THE COMPLETED FORM TO THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE OF THE INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE TO BE RECEIVED BEFORE **AUGUST 1st OF THE CURRENT YEAR**

Dr. René Germa -- rene.germa@aviation-civile.gouv.fr

INTERNATIONAL ACADEMY OF AVIATION AND SPACE MEDICINE

SCHOLARSHIP APPLICATION FORM

PART III – TO BE COMPLETED BY APPLICANT

Note: This form must be completed in typefont Courier 10 (or similar) and sent electronically together with Part I of the Application to the Chairman of the Scholarship Committee at rene.germa@aviation-civile.gouv.fr

FULL NAME

(family name & given names)

**CURRENT SOURCE
OF INCOME**

ANNUAL AMOUNT (state currency):

**AVAILABLE SAVINGS
(state currency)**

Bank:

Investments (indicate convertible stocks, bonds, mutual funds, etc):

Other liquid assets:

**FINANCIAL SUPPORT
FROM OTHERS
(state currency)**

Family support (state relationship and amount of support):

Government support (state type and amount of support):

Other support (state source and amount):

**EXPECTED INCOME
DURING THE PERIOD
OF THE PLANNED
STUDY/RESEARCH
(state currency)**

Source:

Amount:

**TOTAL COST OF
PLANNED
STUDY/RESEARCH
(state currency)**

Tuition fees:

Books/equipment:

Living expenses (including insurance):

Travel:

**HOW DO YOU PLAN
TO COVER THE
DIFFERENCE
BETWEEN THE
TOTAL COST OF THE
PLANNED
STUDY/RESEARCH
AND THE IAASM
SCHOLARSHIP
GRANT?**