

Orthopaedic Trauma Association
Spring Residents Comprehensive Fracture Course
Scholarship Application

1) Participant Name

2) Residency Information

PGY Year: _____

Residency Program: _____

Program Director: _____

3) I understand that I will be responsible for making any and all reservations for the OTA residents course, including travel, hotel and course registration and are limited to North American Residents only. I will be responsible for submitting an expense report to OTA following the course for incurred costs covered in Scholarship. Scholarship funding of up to \$933 may be used to offset economy airfare, course registration and one additional night of hotel (course designated hotel only). Receipts will be required with the expense report.

I Agree:

I Disagree:

4) I certify this information is complete and accurate.

Printed Name

Date

Signature

Contact Number or Email Address



The OTA acknowledges Smith and Nephew for their generous scholarship support

