



Orthopaedic Trauma Association
Fall 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. Scholarships 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 \$725 may be used to offset travel expenses or course registration, food and beverage will not be covered. 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 Information:

(email or phone)

The OTA acknowledges Smith and Nephew and Globus Medical for
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