



Orthopaedic Trauma Association

Spring 2019 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 Acelity, Globus Medical, Smith & Nephew, and Zimmer Biomet for their generous scholarship support.



Please complete the form and email back to Sara Arns arns@ota.org or ota@ota.org

Call with questions: 847-698-1631