



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. I will be responsible for submitting an expense report with receipts to OTA within 30 days after the course for incurred costs covered by the scholarship. Scholarship funding of up to \$725 may be used to offset travel expenses or course registration. **Food and beverage will NOT be covered.** Scholarships are limited to North American Residents only.

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 Globus Medical,
Smith & Nephew, and Zimmer Biomet for
their previous scholarship support.

