



Choices for Advanced Training

2010

Paul Kayser International Travel Scholar Award

Up to eight (8) two-week scholarships are offered to US and Canadian candidates for the purpose of introducing exceptional North American ophthalmologists to the best practice and research approaches in Latin America. Funding provided by Retina Research Foundation of Houston, Texas. The candidate must be a third year resident or a first year fellow.

Pan-American Ophthalmological Foundation (PAOF)

Pan-American Scholarships are open to those general ophthalmologists from Mexico, Central and South America who are committed to teaching in an accredited medical school in their home country and who will devote some time to charity clinics.



Pan-American Ophthalmological Foundation
2010 Paul Kayser International Travel Scholarship (US\$3,000)
Application Form
Receipt Deadline: September 1, 2009

General Information

Deadline for Application:

The applicant should be a third year resident or Fellow. The *receipt* deadline for the 2010 Paul Kayser International Scholarship is September 1, 2009. **Please note that the deadline will be strictly enforced.** The PAOF Fellowships Committee will review all applications at its business meeting and final notice will be given to the applicants by December 31, 2009. Applications should be submitted electronically (info@paa.org).

Membership Requirement

Make sure you have verified your membership status with the PAAO Administrative Office. All applicants must be an Active Member (\$150) or a Member-in-Training (US\$50 per year) of the Pan-American Association of Ophthalmology at the time of application.

Application Materials

Application materials should be submitted electronically, by email, to info@paa.org. Acceptable file types are *.doc, *.pdf, *.jpg, *.xls, *.ppt.

- ◆ Complete application form
- ◆ Curriculum Vitae (CV)
- ◆ Letter of interest
- ◆ Letter of recommendation

Pan-American Scholarship Policies and Awardee Responsibilities

1. The Awardee is responsible for obtaining the appropriate visa documentation, if applicable.
2. The Awardee understands that his or her name may appear in the PAOF newsletters or other promotional material to promote this program for future participants.
3. The Awardee assumes entire responsibility and hereby agrees to protect, indemnify, defend, and save the Pan-American Ophthalmological Foundation (PAOF) and the Pan-American Association of Ophthalmology (PAAO) and their employees and agents, harmless against all claims, losses and damages to persons or property, governmental charges, or fines and attorney's fees arising out of or caused by the Awardee's participation in any PAAO/PAOF Program.

In addition, the Awardee acknowledges that the PAOF and PAAO do not maintain insurance covering the Awardee's property or person and that it is the sole responsibility of the Awardee to obtain property damage, life and travel insurances covering such losses by the Awardee. Types of insurance needed while in the program may include (but are not limited to): personal medical insurance, malpractice insurance, auto insurance, renters insurance, travel insurance. The Awardee is responsible for all expenses incurred while in the program, e.g. payment of his or her own housing, food, insurance, medical bills, etc. The PAOF assumes no responsibility or liability for the accidental injury or death of the Awardee.

4. Upon return, the Awardee must remit a report (including pictures) on his or her experience to the Administrative Office.

Contact with Pan-American Ophthalmological Foundation Staff

The PAOF welcomes phone calls and or emails from applicants to clarify the PAOF's guidelines and application procedures. However, calls and or emails to discuss the details of pending scholarship applications are strongly discouraged.

Pan-American Ophthalmological Foundation
1301 South Bowen Road, Suite 365, Arlington, Texas 76013 USA
Telephone: (817) 275-7553 Fax: (817) 275-3961 Email: info@paa.org

PLEASE RETURN PAGES 3 & 4 by FAX to (817) 275-3961 or EMAIL info@paa.org.



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Type all Information

PAAO ID: _____ (please contact PAAO Office if you don't know your membership ID number)

Name of Applicant: _____
First Name, Middle Initial, Last Name (s)

Degree(s) _____
MD, PhD

Mailing Address: _____

City: _____ **State/Providence:** _____

Country: _____ **Zip:** _____

Office Phone: () _____ **Fax Number:** () _____

Home Phone: () _____ **Birth Date:** / /
mm dd yyyy

Email: _____ **Citizenship:** _____

Subspecialty Interest: _____ **Country of Interest:** _____

Institute of Interest: _____
Doctor or Institute with whom you would be interested in visiting

Provide a small
passport style
photograph

Submit as an attachment for
emailed application forms

Application Assurance:

- I understand I must attach a current curriculum vita with this application form with one (1) photograph.
- I understand that this is a one-time only scholarship award of US\$3,000 supported by Retina Research Foundation's Paul Kayser International Scholarship Award via the Pan-American Ophthalmological Foundation. I understand that if I have been awarded other scholarships from the Pan-American that I am no eligible to apply for this scholarship.
- I understand that I must be an Active Member or Member-in-Training of the Pan-American Association of Ophthalmology at the time of application.
- I understand that I must send a summary report, with photos, at the conclusion of my observership. These may be used for the Pan-American's journal *Vision Pan-America*. This must be sent to the attention of Dr. Alice McPherson of Retina Research Foundation who is funding this program. The report must be sent to Pan-American Ophthalmological Foundation, 1301 South Bowen Road, Suite 365, Arlington, Texas 76013.
- I am enclosing letters of recommendation from my Department Chair and/or Program Director.
- I am enclosing a letter outlining my interest to participate in this program.

Current Training Program: Complete contact information of the Department Chair or Program Director who is recommending you to for this scholarship.

Program Director/Department Chair: _____
First Name, Middle Initial, Last Name(s), Degree(s) (MD, PhD)

Institution: _____

Mailing Address: _____

City: _____ **State/Providence:** _____

Country: _____ **Zip:** _____

Office Phone: () _____ **Fax Number:** () _____

Email: _____ **PAAO ID:** _____



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Membership in Honorary or Professional Societies, prizes, awards, fellowships, etc.

List of Publications (Omit if Included in CV)

EMERGENCY CONTACT INFORMATION (someone other than the applicant: parent, spouse, etc.)

Last Name(s)		First Name	
Email Address		Relationship to applicant	
Permanent Home Address			
Permanent Home Address			
City	State/Province	Zip Code	Country
Telephone (home)	Telephone (work)	Fax number	

AGREEMENT

I have read and accepted the above terms and responsibilities for a Pan-American Scholarship.

- (A) I understand that noncompliance will be grounds for termination of the scholarship.
- (B) I understand that I am obligated to return to my country of origin and submit a report on my activities during the scholarship stay.
- (C) I further understand that I am obligated to be an Active Member or a Member-in-Training of the Pan-American Association of Ophthalmology at the time of my application.

I assume entire responsibility and hereby agree to protect, indemnify, defend, and save the Pan-American Ophthalmological Foundation (PAOF) and the Pan-American Association of Ophthalmology (PAAO) and their employees and agents, harmless against all claims, losses and damages to persons or property, governmental charges, or fines and attorney's fees arising out of or caused by my participation in the Paul Kayser International Travel Scholarship Program. In addition, I acknowledge and understand that the PAOF and PAAO do not obtain and maintain insurance and that it is my sole responsibility to obtain medical, malpractice, property, life, and travel insurances as deemed necessary by the fellowship program.

Applicant's Signature: _____ **Date** _____

Disclaimer: Employees of the Pan-American Association of Ophthalmology (PAAO), Pan-American Ophthalmological Foundation (PAOF), members of the PAAO Executive Committee, members of the PAOF Board of Directors, their immediate family members and members of the same household, whether related or not, are not eligible to apply for scholarship/fellowship funding. All scholarships are subject to federal laws and regulations and are void where prohibited by law or regulation. Applicants agree to abide by the terms of these official rules and by decisions of the Review Committee which are final and binding on all matters pertaining to the scholarship/fellowship. The PAAO & PAOF reserve the right to disqualify any applicant that they determine, in their sole discretion, to be ineligible to participate in the scholarship/fellowship program. Individuals who have previously received scholarship/fellowship funding are ineligible to apply for additional scholarships/fellowships/funding.