



# INTERNATIONAL COLLEGE OF SURGEONS UNITED STATES SECTION 2013 RESEARCH SCHOLARSHIP APPLICATION

## Awarding

Cash prizes totaling \$3,000 will be awarded, including a \$1,500 Grand Prize for the winning submission. A special medical student award will be included for the best submission by this group.

## General Information and Eligibility

The Scholarship and Research Committee of the ICS-US Section invites medical students, fellows, and residents in general surgery and all surgical specialties (including anesthesiology, pathology and radiology) to submit an original clinical research paper with pertinent clinical application for this competition.

## How to Enter

Go to [www.ficsonline.org/scholar13](http://www.ficsonline.org/scholar13)

- Enter your abstract via the submission form.
- Complete the financial relationship(s) disclosure
- Upload a PDF of your certified application

## Before Thursday, February 28, 2013 you must submit:

- A copy of the original clinical research paper as a PDF via e-mail attachment to: [mkearney@ficsonline.org](mailto:mkearney@ficsonline.org). Manuscripts will be submitted to the judges in for blind review. Please do not include your name, or other identification within the paper.

## Applicant Rules and Submission Guidelines

The submitting authors of the top reviewed papers will be required to present their research at our Annual Surgical Update, June 6-8, 2013, in Jacksonville, Florida. Lodging, travel arrangements and any expenses are the responsibility of the submitting authors.

- All applications/submissions must be based on new/original research that has not been previously submitted or presented in other competitions.
- All presentations MUST be given by the submitting applicant.
- **The deadline for application to the competition is Monday December 3, 2012.**
- **If needed, applicants have until Thursday February 28, 2013 to submit their final papers. However, this deadline only applies to a manuscript whose application met the December 3 deadline – there will be no applications accepted after December 3, 2012.**

## Judging and Award Distribution

Papers will first be judged and scored by the members of the ICS-US Section Scholarship Committee prior to the Annual Meeting to select the top candidates for presentation.

- ❖ The top written presentations will be selected for participation in the On-site/final judging.
- ❖ There are a limited number of speaking slots; applicants are **not** guaranteed an oral presentation at the meeting.
- ❖ An additional panel of judges will be assembled at the conference to score the oral presentations.
- ❖ Scores from both panels will be totaled and the winners selected from the top presentations.
- ❖ Winners will be announced at the conclusion of the meeting.

## Questions:

Contact Maggie Kearney at 312-787-1662 or Email: [mkearney@ficsonline.org](mailto:mkearney@ficsonline.org)



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Complete only Parts 1 and 2 of this form. - Part 3 should be completed by an official representative of your hospital or school program. – Submit this form via the submission portal as indicated in the instructions [www.ficonline.org/scholar13](http://www.ficonline.org/scholar13) by December 3, 2012.

**PART I: Personal Information- PLEASE PRINT OR TYPE ONLY!!!**

Name: \_\_\_\_\_  
(first name) (middle) (last name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: E-mail will be the primary means for contacting applicants. Please provide your e-mail address that you check on a regular basis.**

**PART II: Education** I am a (check one):  Medical Student  Surgical Fellow  Resident

Present Affiliation: \_\_\_\_\_

I expect to complete my training on (date): \_\_\_\_\_

Previous Education: (Please provide name of institution, location, degree earned, and year.)

Pre-Med: \_\_\_\_\_

Medical School: \_\_\_\_\_

Residency: \_\_\_\_\_

**Applicant Signature and Date:** \_\_\_\_\_

**PART III: Certification**  **IMPORTANT** (This section to be completed by a university or hospital program official!)

University or Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicants Name (As it appears on official records): \_\_\_\_\_  
(First Name, Last Name)

**I certify that the applicant whose signature appears on this application is enrolled as stated and is in good standing. To the best of my knowledge, the statements in this application are accurate and represent the applicant's status.**

**Completed by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_