

**Participant Application for Funding Related to a Surgical Teams Project, Humanitarian Effort or Educational Activity of the International College of Surgeons - United States Section (ICSUS)**

**Enter Project Name Here!** \_\_\_\_\_

**APPLICANT INFORMATION:**

\_\_\_\_\_  
Applicant name

\_\_\_\_\_  
Specialty (Board Certified?)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Primary phone number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Amount of funding requested

\_\_\_\_\_  
Project partner organization (optional)

*Provide a detailed description of your project and how funding will be used (use additional sheet if necessary):*

I certify that the funds obtained will be used exclusively for purpose stated in this application and the included budget. If funds are provided by ICSUS for a specific project related purpose and those funds or a portion thereof are not used as described in the application, the balance will be returned to ICSUS. In addition, I pledge to publicly acknowledge that support was received from ICSUS for this project. A written report will be submitted with 45 days following the project and I will attend the next ICSUS Annual Surgical Update and provide an oral report to the members present.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing this document, the applicant agrees to adhere to the Rules, Policies and Guidelines of the ICSUS as detailed on the official ICSUS website [www.FICSONline.org](http://www.FICSONline.org). Social Security Number or organization tax ID number must be provided via a completed form W9 or funds cannot be disbursed. If requesting funds to reimburse for specific project related expenses, receipts or other supporting documentation must be provided or an IRS form 1099 for miscellaneous income will be issued.