



# COMMON APPLICATION

(DUE DATE FOR ALL APPLICATIONS – JANUARY 31)

Eligible Awards:

Mark all awards sought:

- Anita Mantri Memorial Travel Scholarship
- International Association of Military Flight Surgeon Pilots Scholarship
- Jeffrey R. Davis, M.D., Aerospace Medicine Endowed Scholarship
- Jeffrey R. Davis, M.D., International Aerospace Medicine Scholarship
- Jeffrey R. Davis, M.D., Space Medicine Association Scholarship
- Space Medicine Association Wyle Scholarship in honor of Robert Ellis
- Stanley R. Mohler, M.D., Aerospace Medicine Endowed Scholarship

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First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ - \_\_\_\_\_

AsMA Member: Yes  No

AMSRO Member: Yes  No

Previous AsMA Scholarship Applicant: Yes  No

**Degree(s) Held** (Institution, Title, MM/DD/YYYY – MM/DD/YYYY)

Undergraduate:

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Graduate:

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Medical:

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Residency/Internship (Hospital, Location, MM/DD/YYYY – MM/DD/YYYY):

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Chief of Service: \_\_\_\_\_

Other Medical Training (nursing, EMT-P, etc.) (Hospital/Institution, Location, MM/DD/YYYY – MM/DD/YYYY):

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Chief of Service: \_\_\_\_\_

**Professional Work Experience**

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Relevant Honors and Awards

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Professional Memberships

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Scholarship Specifications (sections to complete):

Anita Mantri Memorial Travel Scholarship – A, B, C, D, E, F, G, and H

International Association of Military Flight Surgeon Pilots Scholarship – I

Davis Aerospace Med Endowed Scholarship – C, E, F, J, and K

Davis International Aerospace Medicine Scholarship – A, C, E, F, and J

Davis Space Medicine Association Scholarship – L

Wyle Space Medicine Association Scholarship – L

Mohler Aerospace Medicine Endowed Scholarship – C, E, F, J, and M

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**SEND COMPLETED APPLICATIONS AND ASSOCIATED SUPPORT DOCUMENTATION TO:**

Aerospace Medical Association  
Scholarship Review Committee  
320 South Henry Street  
Alexandria, VA 22314

**A. Meeting Sought**

AsMA Scientific Meeting: Location \_\_\_\_\_ Dates \_\_\_\_\_

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Meeting Name \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Please describe the meeting you wish to attend and why the meeting would be important to the development of your aerospace medicine career:

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**B. Transcripts**

Applicants must submit transcripts from all academic programs to the Aerospace Medical Association, 320 South Henry Street, Alexandria, VA 22314-3579. Certified copies are not required. Transcripts should be submitted with the completed application.

**C. Aerospace Medicine Activities**

Aerospace medicine, human factors, physiology, nursing or human performance courses/electives

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Presentations on aerospace topics to academic or to user groups

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Activities in aerospace environments (altitude/hyperbaric exposure, MEDEVAC, flight, SCUBA, parachuting, etc.)

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Career plans

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**D. Reference Letter**

List an AsMA member who is familiar with your professional and/or educational work. Ask this individual to use the Recommendation Form listed on the AsMA website (separate letter may be attached to form). Recommendation should be emailed by application deadline date directly to [jsventek@asma.org](mailto:jsventek@asma.org) or mail directly by application deadline date to:

*Aerospace Medical Association  
320 South Henry Street  
Alexandria, VA 22314-3579*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Military or Public Health Service Duty**

Service Dates (MM/DD/YYYY – MM/DD/YYYY): \_\_\_\_\_

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Assignment \_\_\_\_\_

If currently serving, date your term will end \_\_\_\_\_

**F. Leadership and Research**

List leadership activities during the last 5 years

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List research and publications from the last 5 years and active research projects

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**G. AsMA/AMSRO Activities**

Number of AsMA meetings attended \_\_\_\_\_

Service to community through AMSRO \_\_\_\_\_

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AMSRO Activities \_\_\_\_\_

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**H. Personal Statement and Curriculum Vitae**

The Travel Scholarship Review Committee is interested in experiences, associations, or other factors that have led to your interest in Aerospace Medicine. Please also discuss your career plans and your long-term goals in this field. Please type your statement and limit it to two pages. Your Curriculum Vitae and/or a chronological listing of education/employment history must be included with your application.

**I. Letter of Intent**

Include a Letter of Intent with your IAMFSP Scholarship application form. The Letter of Intent should describe your interest in the scholarship and why you would be the best candidate (250 words or less). A statement regarding the applicant’s interest in aerospace medicine/human flight performance/pilot-physician issues should be included.

**J. AsMA/Community Service Activities**

Number of AsMA meetings attended \_\_\_\_\_

Service to community/AsMA

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**K. UTMB**

Current UTMB Student: Yes  No

Conference Title \_\_\_\_\_

----- OR -----

AMSRO Student Applying for UTMB Conference: Yes  No

Conference Title \_\_\_\_\_



## L. Additional Documents

Submit a Letter of Intent, Resume, and two Letters of Recommendation with your application.

More information available at:

Davis: <http://www.spacemedicineassociation.org/scholar.htm>

Wyle: <http://www.spacemedicineassociation.org/wscholar.htm>

## M. Mohler Scholarship

I am applying for Educational Support: Include a letter from your program/course director.

----- OR -----

I am applying for Research Support:

Title of research project: \_\_\_\_\_

Include a brief copy of your research plan and budget.