



ASA® Membership Matters to your patients,
your practice and your specialty

Rural Access to Anesthesia Scholarship Application

American Society of Anesthesiologists
1061 American Lane
Schaumburg, IL 60173-4973
asahq.org

American Society of
Anesthesiologists®

Name: _____ Date: _____
(Full Legal Name)

Gender: Male Female

Home Address: _____ Is this your primary address: Yes No

City: _____ State: _____ ZIP: _____ Country: _____

Tel: _____ Cell: _____ E-Mail: _____

Are you an ASA Medical Student Component Member?:

Yes, please provide ASA Member ID# _____ No, please visit asahq.org to join today

Medical Schools and Proposed Date of Graduation, please list below:

Other Medical or Scientific Training/Experience: (Include Institution, Type, and Dates)

Anesthesia Training to Date

Institution: _____

Department Head Full Name: _____

Address: _____

Grant Amount Requested (up to \$500 stipend): _____

Are you currently receiving aid from any foundation or similar organization? If yes, please list name and address below.

Medical Work References (Name, Title, Affiliation, Phone E-Mail):

Anesthesia Rotation Location:

Mentor (Name, Title, Affiliation, Address, Phone, E-Mail): Mentor must be an ASA member.

Have you ever lived in a rural area?:

No Yes, please provide (Name, City and State): _____

Do you have any experience working in a rural health care anesthesia?:

No Yes, please describe below.

How likely are you to practice in a rural area? (Select 1):

Highly likely Likely Undecided Unlikely Highly unlikely

Please explain why you are interested in rural anesthesia care and want to participate in an anesthesia rural rotation (less than 250 words):

I understand that if approved, the funds will be used appropriately for financial assistance for my rural anesthesia training. I agree to complete a post-rotation survey and submit a post-rotation essay about my anesthesia rural rotation experience.

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

Submit application to:

American Society of Anesthesiologists
Attn: Medical Student Component
1061 American Lane
Schaumburg, IL 60173-4973

Fax to:

Attn: Medical Student Component (847) 825-1692

E-Mail to:

medicalstudentcomponent@asahq.org