



**YALE UNIVERSITY SCHOOL OF MEDICINE**  
Department of Surgery

**Samuel Jordan Graham Scholarship in Academic Surgery**

**APPLICANT INFORMATION**

Last Name:	First:	M.I.	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	E-mail Address:		

**UNDERGRADUATE EDUCATION**

College:	Location:
From:                      To:	Degree:

**MEDICAL SCHOOL HONORS/AWARDS**

Title:	Received:
Title:	Received:

**MEMBERSHIP IN HONORARY/PROFESSIONAL SOCIETIES**

Name:
Name:

**RESEARCH DONE IN MEDICAL SCHOOL**

Title:	Faculty Mentor:
Title:	Faculty Mentor:

**ADDITIONAL REQUIREMENTS**

With this application, include the following:

Current Curriculum Vitae
Statement of Interest in Academic Surgery – 1 page maximum
3 Letters of Recommendation. To include at least: <ul style="list-style-type: none"><li>• 1 letter from a YSM faculty member</li><li>• 1 letter from a Department of Surgery faculty member</li></ul>

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

Signature:	Date:
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