



WTS Carpenter Scholarship Application

PERSONAL DETAILS:

First Name:

Last Name:

Date of Birth:

Email Address:

Mailing Address:

Phone Number:

Training Status:

Medical Student

General Surgery Resident

Cardiothoracic Surgery Resident

I have completed medical school and I am a postdoctoral candidate in a research or other gap year who is committed to cardiothoracic surgery

Name of Medical School or Residency Program:

Please indicate your expected year of graduation from medical school or residency program:

If you responded that you have completed medical school and you are a postdoctoral candidate in a research or other gap year, please explain your situation.

If you are a medical student, please indicate your training level:

MS1 MS3

MS2 MS4

If you are a general surgery or cardiothoracic surgery resident, please indicate your PGY:

PGY1 PGY3 PGY5 PGY7

PGY2 PGY4 PGY6 PGY8

If you are a cardiothoracic surgery resident, please specify your training pathway.

Integrated program

Traditional program (2 or 3 years)

4/3 program

Letter of recommendation provided by (Name, title, institution, email address):

Please indicate your area of interest. Check all that apply.

Adult cardiac surgery

Transplant surgery

Undecided

General thoracic surgery

Endovascular

Other, please specify

Congenital heart surgery

Aortic surgery

Essay Question: Describe a way in which innovation has disrupted current care delivery models in your health system. (Word Limit: 100 words or less and provide a separate document)

All application materials must be received by Monday, August 15, 2022, 11:59 p.m. Pacific Time. Incomplete applications will not be considered. If you have questions, please email help@wtsnet.org.