

**CANADIAN DERMATOLOGY FOUNDATION**

**APPLICATION FOR A DR. FREDERICK KALZ BURSARY – page 1**  
(Please see attached guidelines)  
(Please print clearly)



1a. Applicant information:

Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1b. Name of your University \_\_\_\_\_

Year of Residency (at time of application): 1 2 3 4 5 (circle one)

1c. Senior faculty member of your Dermatology Division / Department endorsing the elective or project:

Name: \_\_\_\_\_

(A letter of endorsement from this faculty member is required – see requirement A.2. of Guidelines for Applicants.)

\*\*\*\*\*

2a. Describe in detail the objectives of the proposed elective or scientific / educational project. Use additional page if necessary.

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

2b. Dates of proposed elective or project: \_\_\_\_\_

2c. Location of proposed elective or project: \_\_\_\_\_

2d. Supervising faculty member at the proposed site:  
(A letter from the proposed supervisor endorsing the objectives and indicating satisfactory completion of the elective or project is required – see requirement A.2 of Guidelines for Applicants.)

Name: \_\_\_\_\_

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

University title/rank: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

