

**THE RAY CHARLES FOUNDATION SCHOLARS IN NEUROSURGERY**  
**FUNDED BY THE RAY CHARLES FOUNDATION**  
**APPLICATION FORM**

<b>APPLICANT INFORMATION</b>			
NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL ADDRESS	PHONE NUMBER		
ARE YOU LEGALLY ABLE TO WORK/INTERN IN THE US? (Note: Only citizens or permanent residents of this US are eligible for this award)	YES	NO	
1. ARE YOU AT LEAST 18 YEARS OLD?	YES	NO	
2. ARE YOU CURRENTLY ENROLLED IN A COLLEGE OR UNIVERSITY?	YES	NO	
IF YES, SPECIFY UNDERGRADUATE, GRADUATE OR MEDICAL SCHOOL:			
5. DESCRIBE THE BASIS OF YOUR INTEREST IN PARTICIPATING IN THIS PROGRAM.			
6. DESCRIBE YOUR RESEARCH EXPERIENCE AND ANY OTHER LABORATORY RESEARCH EXPERIENCE.			
7. APPLICATION CHECKLIST:			
<input type="radio"/> APPLICATION FORM <input type="radio"/> CV <input type="radio"/> PERSONAL STATEMENT <input type="radio"/> TWO LETTERS OF RECOMMENDATION			