

APPLICATION for VOLUNTEER SURGERY TRIP FUNDING

At the Annual 2014 meeting the SCSPS authorized the donation of \$500.00 toward any member performing 10 or more volunteer surgery cases in a 1-2 week mission trip to countries outside the USA. Nor more than 2 members per 12 month period are eligible to receive the \$500.00 toward volunteer surgery trips. The \$500.00 will be paid after a 5 minute presentation at the next annual meeting.

Applications for the \$500 grant may be obtained from the Treasurer or the SCSPS website, www.scplasticsurgery.org Completed applications should be sent to the current SCSPS president.

APPLICANT's NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ CELL NUMBER: _____

HOSPITAL AFFILIATION: _____

DESTINATION OF MISSION:

COUNTRY: _____

CITY: _____

Dates of trip: _____

Proposed types of surgery: _____

Name of Hospital where surgery is to be performed: _____

Group/Organization Coordinating or Sponsoring Trip: _____
