Professional Development Division alcoholstudiespdd.rutgers.edu

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**Scaife Medical Student Fellowship Application**

**2013 Institute of Addiction Studies**

***“PREVENTION AND RECOVERY THROUGH THE LIFESPAN”***

**Sunday, June 23, 2013 — Friday, June 28, 2013**

**Rutgers New Brunswick Campus**

**Institute of Addiction Studies: The Historic Summer School**

Institute of Addiction Studies: The Historic Summer School (IAS) continues to be the core educational program at the Center of Alcohol Studies. In its 70th year, IAS continues to provide a unique, intensive professional development opportunity for individuals across disciplines. The full-week institute includes education and networking opportunities. Students participate in up to 47 hours of education through week-long intensive study classes and daily lectures.

Over the years, students have attended the school from each of the 50 states, the 12 Canadian provinces, and over 40 other countries. The student body continues to be characterized by a broad geographic distribution and a wide range of background, experience, and interests. This diversity makes the informal interaction among the members of each year’s student body a unique and valued experience. Today, the alumni are found in large numbers within community-based organizations, health centers, alcohol and drug treatment facilities, clinics, hospitals, medical schools, and the armed forces.

**Scaife Family Foundation – Medical Student Fellowship Program**

Medical Students’ fellowships are funded by the Scaife Family Foundation; each fellowship covers full tuition, room and board, and a small stipend designed to assist with travel and miscellaneous expenses. Applicants applying for the Scaife scholarship must submit a complete application (see attached). This is a specialized program designed to meet the needs of future physicians, particularly those in the field of addictions.

**2013 Institute of Addiction Studies**

**SCAIFE MEDICAL STUDENT FELLOWSHIP APPLICATION**

**Section 1: *Personal Information (Please type or print clearly)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Information** | | | | |
| **Full Name:** | | | **Date:** | |
| **Current Residential Address:** | | | | |
| **City:** | | **State:** | **Zip Code:** | |
| **What County do you live in?** | | **Home Phone:** | | **Cell Phone:** |
| **Age\*\*** | **Gender\*\*** | | **Race\*\*** | |
| **Current Employment Information: *(if applicable)*** | | | | |
| **Employer:** | | | | |
| **Title:** | | ***(Check One)***  ☐ **Full-time** ☐ **Part-time**  **# of years w/employer:** | | |
| **Work Address:** | | | | |
| **City:** | | **State:** | **Zip Code:** | |
| **Work Phone:**  **Ext.** | | **Work Fax:** | | |
| **Email Address(es):**  ***NOTE: All communication with scholarship recipients is done via e-mail, so an e-mail address is required.*** | | | | |
| **Primary:** | | **Alternate:** | | |

***\*\*****Demographic information, such as age, gender, and ethnicity is requested, but not required.*

**Section 2: *Education & Experience***

|  |  |  |  |
| --- | --- | --- | --- |
| **Current School** | | | |
| **School Name:** | | | **Current Year:** |
| **School Address:** | | | |
| **City:** | **State:** | | **Zip Code:** |
| **Education and Experience** | | | |
| **Do you have a high school diploma?**  ☐ **Yes** ☐ **No** | | **Do you have a GED?**  ☐ **Yes** ☐ **No** | |
| **Which of the following degrees do you hold?**  **☐ Associates Degree (AA)**  **☐ Bachelor’s Degree (BA/BS) *(discipline)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐ Master’s Degree *(discipline)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐ Doctorate (*discipline*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do you hold any professional licenses or certifications?**  ☐ **Yes** ☐ **No**  **If yes, please list along with your license number(s):** | | | |

***Application continued on next page.* 🡺**

**Section 3: *Student Statement* Must be 200 words. *(ESSAY MUST BE TYPED)***

Please indicate how this fellowship opportunity would be important for your professional growth, consider the particular population(s) you intend to work with*.*

|  |  |
| --- | --- |
| ***Signature*** | |
| **Applicant Full Name: (PRINT or TYPE CLEARLY)** | |
| **Applicant Signature** | **Date:** |

**Application Submission:** Completed applications should be submitted no later than **April 5, 2013** to: Rozise Kaldas, Professional Development Division, Rutgers Center of Alcohol Studies, 607 Allison Road, Piscataway, NJ 08854. Email: [caspdd@rutgers.](mailto:caspdd@rutgers.)edu or Fax: 732-445-3500.