

**American Osler Society  
William B. Bean Student Research Award  
Application Form**

**THE COMPLETED APPLICATION MUST BE RECEIVED BY MAIL (NOT FAX OR E-MAIL) BY MARCH 1, 2010**

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Medical School: \_\_\_\_\_

Undergraduate College/University and Degree (Date): \_\_\_\_\_

\_\_\_\_\_

Previous Experience in Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Faculty Sponsor:** \_\_\_\_\_

Academic Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Project Title:** \_\_\_\_\_

**Proposed Project Period:** From \_\_\_\_\_ to \_\_\_\_\_

Please enclose the following materials:

- 1) Application form.
- 2) Your curriculum vitae (CV).
- 3) A letter of support from your faculty sponsor outlining the sponsor's interest in the project and willingness to provide guidance during and ensure completion of the project within the proposed project period.
- 4) A letter, not to exceed 1,000 words, that outlines the following:
  1. Title of the Project.
  2. Abstract of the Project
  3. The Goal(s) of the Project
  4. The Background and Relevance of the Project
  5. The Method(s) of Research (include sources to be used)

**PLEASE RETURN COMPLETED APPLICATION MATERIALS TO:**

Paul S. Mueller, M.D., Secretary  
The American Osler Society  
Mayo Clinic  
200 First Street, SW  
Rochester, MN 55905

Phone: 507-284-0155

E-mail: [mueller.pauls@mayo.edu](mailto:mueller.pauls@mayo.edu)

**Notice of the award will be made by May 15, 2010**