

**AMERICAN OSLER SOCIETY - WILLIAM B. BEAN  
STUDENT RESEARCH AWARD**

**APPLICATION FORM**

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

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

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

\_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Sponsor: \_\_\_\_\_

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

Sponsor's Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

(Please type or print) Proposed project period: From: \_\_\_\_\_ to: \_\_\_\_\_ 20 \_\_\_\_\_

ON ATTACHED SHEETS, PLEASE BRIEFLY OUTLINE:

1. Title.
2. Abstract of project.
3. The goal of the project.
4. The background and relevance of the project.
5. The method of research (include sources to be used).

Please do not exceed 1000 words.

Enclose with application a letter from the proposed sponsor, outlining the sponsor's interest in the project and the sponsor's willingness to provide guidance during the period of fellowship.

PLEASE RETURN COMPLETED APPLICATION TO: Charles S. Bryan, M.D., Secretary-Treasurer  
The American Osler Society  
Department of Medicine  
University of South Carolina School of Medicine  
Two Medical Park, Suite 502  
Columbia, SC 29203

THE COMPLETED APPLICATION MUST BE RECEIVED BY MAIL (NOT BY FAX OR E-MAIL )  
BY 1 MARCH 2009

NOTICE OF AWARD WILL BE MADE BY 15 MAY 2009

*Telephone: (803) 540-1000 FAX: (803) 540 1072 E-mail address: cbryan@gw.mp.sc.edu*