



## Application for Residency Stipend Program

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street Address, Apt #

City, State, Zip Code

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

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Name

Dates Attended

City, State, Country

Residency: \_\_\_\_\_

Name

Dates Attended Month/Year

City, State

Fellowship: \_\_\_\_\_

(If Applicable)

Name

Dates Attended Month/Year

City, State

Are you a US Citizen Y/N: \_\_\_\_\_ If "no" Current Status: \_\_\_\_\_

(This will not bar you from acceptance)

Geographic Preference: \_\_\_\_\_

Do you have any immediate family members on staff at a UHS Hospital? If yes, please state name and facility: \_\_\_\_\_

How did you hear about the UHS stipend?

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