



ASES Foundation 2020 Fellowship Program Grant Application

Grant Requestor Information

Date of the request: _____

Legal Name of Organization/Institution (Requestor): _____

Street: _____

City: _____ State _____ Zip: _____

Primary Contact Information

Name: _____

Phone: _____ Fax: _____

E-mail: _____

Nonprofit Status

Description of organization

(e.g., hospital, charitable organization, educational organization, professional association):

Mission:

Is the Requestor a recognized 501(c)3 OR 501(c)6? Yes No

If the answer is no, explain your entity's status:

Federal Tax ID#*: _____

**Please include the current W-9 for requestor and a copy of tax exemption letter*

Payee Information (if different from grant requestor above)

Legal Name: _____

Street: _____

City: _____ State _____ Zip: _____

Primary Contact Information

Name: _____

Phone: _____ Fax: _____

E-mail: _____

ASES-Recognized Fellowship Program Information

Fellowship Program Name: _____

Accreditation status: (check all that apply) ACGME accredited ASES-recognized Program

Year fellowship began: _____

Years of participation in the ASES Fellowship Match: _____

Fellowship Director's Title: _____

Fellowship Director's Name (Last, First): _____

ASES Member: Yes No Member category: _____

Dedicated Fellowship Program Faculty Members (list first/last name and credentials below):

Faculty 1 _____ ASES Member Category _____

Faculty 2 _____ ASES Member Category _____

Faculty 3 _____ ASES Member Category _____

Faculty 4 _____ ASES Member Category _____

Faculty 5 _____ ASES Member Category _____

Total Number of Fellows to Participate in the 2019-2020 Fellowship: _____

Total Number of Fellows that Participated in the 2018-2019 Fellowship: _____

Are all program fellows US/Canada graduates with license to practice in US/Canada?

Yes Number of Fellows: _____

No Number of Fellows: _____

Case Logs

Please list, per fellow in the most recent prior full year, the number of cases as follows:

	Fellow#1	Fellow#2	Fellow#3	Fellow#4
Number of shoulder & elbow cases:				
Number of shoulder arthroplasties:				
Number of arthroscopic rotator cuff repairs:				
Number of instability repairs/reconstructions:				
Number of elbow arthroplasties:				
Number of soft-tissue elbow reconstructions:				
Number of shoulder & elbow trauma cases:				

Research

Please list research for each fellow for the most recent year (work accomplished during fellowship).

Fellow 1		Fellow 2	
Name:		Name:	
Manuscripts submitted for publication:		Manuscripts submitted for publication:	
Manuscripts accepted for publication:		Manuscripts accepted for publication:	
Manuscripts published in peer-reviewed journals:		Manuscripts published in peer-reviewed journals:	
Podium presentations:		Podium presentations:	
Poster presentations:		Poster presentations:	
Fellow 3		Fellow 4	
Name:		Name:	
Manuscripts submitted for publication:		Manuscripts submitted for publication:	
Manuscripts accepted for publication:		Manuscripts accepted for publication:	
Manuscripts published in peer-reviewed journals:		Manuscripts published in peer-reviewed journals:	
Podium presentations:		Podium presentations:	
Poster presentations:		Poster presentations:	

Grant Request Details

Request amount: _____ Program dates: _____

Fellow's Annual Salary (excluding benefits): _____

Itemized list of other sources of funding other than this grant (corporate or other third-party entities) per fellow:

Total funding received per fellow: _____

Itemized Grant Request Budget (per fellow)

Current List of Requestor's Board of Directors or Executive Officers

By signing below, the Grant Requestor understands, agrees, and certifies:

All information provided on this Grant Application is true and accurate to the best of the Requestor's knowledge. The Requestor will provide a report to the ASES Foundation no later than 60 days after completion of the grant. The Requestor will return any unused funds to the ASES Foundation along with the grant report.

As the applicant, you understand that the ASESF reserves the right to update the Grant Application at any time. All applicants will be reviewed based upon the current Grant Application, regardless of application start date. Prior to submitting the Grant Application, please be certain you are using the current version.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

List of supporting documents:

1. Request letter on organization letterhead addressed to the ASESF Grant Review Committee
2. Tax exempt letter
3. Current W-9 Tax Form