



ASES Foundation

2024-2025 Fellowship Education Grant Program Application

Deadline for Submission: June 14, 2024

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)

@ [U`BUa Y.] _____

GfYYh: _____

7]m: _____ GJHY: _____ Njd: _____

Dfla Ufm7 c bHUWh: Zcfa Uhcb: _____

BUa Y.: _____

D\cbY.: _____; UI.: _____

9!a U]: _____

ASES-Recognized Fellowship Program Information

: Y`ck g\jd`Dfc [fUa`BUa Y.: _____

5WfYX]HUhcb`gh`g` (check all that apply) 57; A 9`UWfYX]HYX` 5G9GfYWc [b]nYX`Dfc [fUa`

M`UfZY`ck g\jd`VY [Ub.] _____

M`UfgcZdUfh]MdUhcb`]b`h`Y`5G9G: Y`ck g\jd`A`UW.] _____

: Y`ck g\jd`Director's`H`Y.: _____

Fellowship Director's Name f@gz:]fgL` _____

Fellowship Director's Email Address: _____

5G9GA`Ya`VYf.` M`g` Bc` A`Ya`VYf`UHY [cfm` _____

Dedicated Fellowship Program : UW`hmA`Ya`VYfgf]gZ]fg#Ug`bUa`Y`UbX`WfYX`bh]U`gVY`ck`L`

: UW`hm%` _____ 5G9GA`Ya`VYf`7`UHY [cfm` _____

: UW`hm&` _____ 5G9GA`Ya`VYf`7`UHY [cfm` _____

: UW`hm'` _____ 5G9GA`Ya`VYf`7`UHY [cfm` _____

: UW`hm(` _____ 5G9GA`Ya`VYf`7`UHY [cfm` _____

: UW`hm)` _____ 5G9GA`Ya`VYf`7`UHY [cfm` _____

H`HU`Bi`a`VYfcZ: Y`ck`g`hc`DUfh]MdUHY`]b`h`Y`&\$24!&\$&5: Y`ck`g\jd. _____

H`HU`Bi`a`VYfcZ: Y`ck`g`h`UhDUfh]MdUHYX`]b`h`Y`&\$23!&\$24: Y`ck`g\jd. _____

5fY`U`dfc [fUa`ZY`ck`g] G#7`UbUXU` [fUXi`UHY`gk`]h`]W`bg`]c`d`fUW]W`]b`1`G#7`UbUXU3`

M`g` Bi`a`VYfcZ: Y`ck`g: _____

Bc` Bi`a`VYfcZ: Y`ck`g: _____

Case Logs

DYUgY`jgZdYfZY`ck`j]b`hY`a`cghfYWWbidf]cfZ`mYUfZ`hY`bi`a`VYfcZWUgYgUgZc`ck`g`

	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

DYUgY`jghfYgYUfW`ZcfYUW`ZY`ck`Zcf`hY`a`cghfYWWbhM`Uf`fk`cf`_`UW`c`a`d`jg`YX`Xi`f]b[`ZY`ck`g`j]dL`

Fellow 1		Fellow 2	
BUa`Y.`		BUa`Y.`	
A`Ubi`gW]d]hg]`Va`]hYX`Zcf]di`V`]WU]hc]b.`		A`Ubi`gW]d]hg]`Va`]hYX`Zcf]di`V`]WU]hc]b.`	
A`Ubi`gW]d]hg]`UW]W]d]hYX`Zcf]di`V`]WU]hc]b.`		A`Ubi`gW]d]hg]`UW]W]d]hYX`Zcf]di`V`]WU]hc]b.`	
A`Ubi`gW]d]hg]`di`V`]g]YX`]b`d]YYf]` fy]`]Yk]YX`]ci`fb]U`g`		A`Ubi`gW]d]hg]`di`V`]g]YX`]b`d]YYf]` fy]`]Yk]YX`]ci`fb]U`g`	
DcX]`]a`d]f]Yg]`b]h]U]hc]bg`		DcX]`]a`d]f]Yg]`b]h]U]hc]bg`	
Dc]g]Y`f]d]f]Yg]`b]h]U]hc]bg`		Dc]g]Y`f]d]f]Yg]`b]h]U]hc]bg`	
Fellow 3		Fellow 4	
BUa`Y.`		BUa`Y.`	
A`Ubi`gW]d]hg]`Va`]hYX`Zcf]di`V`]WU]hc]b.`		A`Ubi`gW]d]hg]`Va`]hYX`Zcf]di`V`]WU]hc]b.`	
A`Ubi`gW]d]hg]`UW]W]d]hYX`Zcf]di`V`]WU]hc]b.`		A`Ubi`gW]d]hg]`UW]W]d]hYX`Zcf]di`V`]WU]hc]b.`	
A`Ubi`gW]d]hg]`di`V`]g]YX`]b`d]YYf]` fy]`]Yk]YX`]ci`fb]U`g`		A`Ubi`gW]d]hg]`di`V`]g]YX`]b`d]YYf]` fy]`]Yk]YX`]ci`fb]U`g`	
DcX]`]a`d]f]Yg]`b]h]U]hc]bg`		DcX]`]a`d]f]Yg]`b]h]U]hc]bg`	
Dc]g]Y`f]d]f]Yg]`b]h]U]hc]bg`		Dc]g]Y`f]d]f]Yg]`b]h]U]hc]bg`	

Grant Request Details

FYeI`Ygh]Ua`ci`bh`_____Dfc[`f]Ua`XU]h]g`_____

Fellow's Annual Salary (excluding benefits).`_____

#Y`a`]hYX`]gh]c]Zch]Yf]g]ci`f]W]g]c]Z]Z`b]X]b[`]c]h]Y`f]h]U]b`h]`j]g[`f]U]bh]f]W]c]f]d]c]f]U]h]Y`c]f]c]h]Y`f]h]`]f]X]d]U]f]m]Y]b]h]h]Y]g]`
d]Y]f]Z]Y`ck`.

H]t]U]Z`Z`b]X]b[`f]Y]W]`]Y]X`d]Y]f]Z]Y`ck`_____

Itemized Grant Request Budget (per fellow)

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

Deadline for Submission: June 14, 2024

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

This ASES Foundation Fellowship Education Grant for which you are applying may only be used to support fellows' salaries and benefits. This ASESF grant may not be used for education, travel, or other non-salary expenses. If you agree to these terms, and later find that your program is ineligible and must return funds that could have supported other fellowship programs, you will not be eligible to apply for one year. If you agree, please sign here:

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:

Organization:

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