WOGO

WOGO Outreach Opportunity Application

Operation Walk – Women Orthopaedist Global Outreach

2014 Electric Road #280 Roanoke, VA 24018

(844) 588.WOGO www.wogo.org

NAME:		CL	JRRENT IN	STITUTION:			
CURRENT POSITION: MEDICAL STUDENT RESIDENT – PGY FELLOW			ADDRESS (Street, City, State, Zip)				
TELEPHONE:			EMAIL:				
DEPARTMENT CHAIRMAN or FELLOWSHIP DIRECTOR			MEDICAL SCHOOL DEAN OF STUDENT AFFIARS (If Student)				
Name:			Name:				
Business Address (City, State, Zip):			Business Address (City, State, Zip):				
Phone:			Phone:				
Fax:			Fax:				
Email:			Email:				
EDUCATION Please list all undergraduate or non-medical graduate or professional colleges attended.							
Institution	Campus/Location/State	Fro	<u>m</u>	<u>To</u>	<u>Major</u>	Degree Granted	
Name of your medical school(s):							
Institution Campus/Location/State From							
						_	
	Please list your po	st-MD	trair	ning (if resi	ident)	<u>'</u>	
PG Training	<u>Dates</u>	Institution		ion .	Location	Specialty	

ACHIEVEMENTS

Please list awards received since college.

Name of Award	Award Citation	<u>Date</u>

Voluntary Service (e.g., free clinics, committees, etc.).

Name of Program Committee	<u>Location</u>	<u>Dates</u>	<u>Duties</u>

Please list all research projects since college.

Brief Description of Project	<u>Supervisor</u>	<u>Dates</u>	Published or Presented (Y or N)
			<u>if yes where?</u>

STATEMENT OF INTEREST:

Please attach a statement discussing the reasons for your interest in volunteering for the Operation Walk – WOGO Outreach Opportunity.

CURRICULUM VITAE:

Please attach a copy of an updated CV.

RECOMMENDATIONS:

Please provide one letter of support. Must be from someone who has direct knowledge of your clinical skills i.e. an attending or teacher. May be addressed to: Dr. Linda Suleiman – wogoscholarship@gmail.com

All applications are due By May 15, 2024. Selected applicants will be notified by July 1, 2024