

**PETE WILDE
SCHOLARSHIP
APPLICATION**

PICO question:

Applicant

Name (*Last, first, middle initial*)

Degree being sought:

Organization (*clinic, university, etc*)

Mailing address:

Department:

E-mail:

Telephone (*area code, number, extension*)

Applicant assurance: By completing this form, I attest that the information contained in this application is true and accurate. I am aware that any false, fictitious or fraudulent statements may incur criminal or administrative penalties.

Name:

Date:

Signature:

Biographical Sketch

Complete a biographical sketch for the applicant only.

Name (<i>last, first, middle initial</i>):	Title/position:
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A. Education and professional training:

Year(s)	Institute and location	Degree (<i>if applicable</i>)	Field of study

B. Work experience

C. Honors / professional memberships/licenses

D. Publications

E. Funding

Research Essay

Directions: Please submit your research essay in the box below.

As a guide for writing your research essay, please address each of the following items:

PICO question: Your question should relate to a particular interest you have in a clinically relevant research question with a relationship to MDT. Your question must be clearly articulated and adequately justified by a literature review.

Essay. This section should be based on no more than 3-5 articles published in peer-reviewed journals within the last 5 years and should succinctly support your question. Cite references as a numerical superscript within the text.

Relevance to MDT:

References – in numeric order as they appear in the text:

Applicant name: _____

Letter of Support

The applicant must attach a Letter of Support along with his or her application that indicates acceptance into a graduate level program or the MII Diploma program.

This Letter of Support must be printed on the program director's letterhead stationary.