

**Scholarship Application for Students from Developing Countries
Certificate Program in Pediatric Bioethics
Children's Mercy Bioethics Center**

Name: _____
Address: _____

Country: _____
Eligibility: <http://www.isi-web.org/index.php/resources/developing-countries>

Phone: _____ Email: _____

Current Institutional Affiliation and Title: _____

<u>Education:</u>		
<u>Institution</u>	<u>Years attended</u>	<u>Degree</u>
<u>Honors/Awards</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a **one-page essay** describing your interest in pediatric bioethics.

Please attach your **CV**.

Please attach **two letters of recommendation**.

Include the names and contact information of your two references below:

Name Contact Information (phone and email)

Name Contact Information (phone and email)

How did you hear about our program and scholarship?

RETURN APPLICATION TO: cmhc@cmh.edu and vswatkins@cmh.edu. If you have not received an email confirmation within three business days, please call us (816) 701-5285 to confirm.