



Application for Residency Stipend Program

Legal Name: _____ Date of Birth: _____

Mailing Address: _____

Street Address, Apt #

City, State, Zip Code

Email Address: _____

Phone Number: _____ Social Security Number: _____

Medical School: _____

Name

Dates Attended

City, State, Country

Residency: _____

Name

Dates Attended Month/Year

City, State

Fellowship: _____

(If Applicable)

Name

Dates Attended Month/Year

City, State

Are you a US Citizen Y/N: _____ If "no" Current Status: _____

(This will not bar you from acceptance)

Geographic Preference: _____

Do you have any immediate family members on staff at a UHS Hospital? If yes, please state name and facility: _____

How did you hear about the UHS stipend?
