

## Benjamin Fox Orthopaedic Research Scholar Application

Please insert a typed response to each question. You may submit the application by e-mail to Divya Talwar, PhD at [talward@chop.edu](mailto:talward@chop.edu). An application checklist may be found at the end of this application. **We will accepting applications on a rolling basis starting until November 15th. However, earlier applications are welcome and fellowship spots will be offered to candidates on a rolling basis.**

**Note:** Final candidates will be notified via email. **At this point, candidates will be asked to give the email of 2 faculty references along with a writing sample.**

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### Applicant Information

First Name:

Middle Name:

Last Name:

Sex:  Male  Female

Date of Birth (MM/DD/YYYY):

Degree(s):

### Contact Information

Address:

Phone:

E-mail:

U.S Citizen or Permanent Resident:  Yes  No

## **Education**

### **Undergraduate:**

Name of Undergraduate Institution:

Undergraduate GPA:

MCAT Score:

City/State:

Dates Attended:

Degree:

Major(s):

Minor(s):

**Additional Post-graduate Work (e.g. MPH, MS, MBA, etc.)** Graduate Institution:

City/State:

Dates Attended:

Degree:

Field of Study:

### **Medical School:**

Name of Medical School:

City/State:

Current Year of Medical School:

Medical School GPA:

Start Date of 3<sup>rd</sup> or 4<sup>th</sup> Year of Medical School (MM/YYYY):

### **USMLE Step 2 (Score, if available)**

Date:

Score:

## **Research Experience**

Have you had past experience in clinical research:  Yes  No

If you answered “yes” to the question above, please describe your work (*Please limit your response to 500 words*):

## **Career Plans**

Please describe your ultimate career plans (i.e. specialty, academic vs. private, etc.) (*Please limit your response to 500 words*):

## **Clinical Research Interest**

Why you are interested in doing a year of clinical research in Orthopaedic Surgery at The Children's Hospital of Philadelphia? (*Please limit your response to 750 words*)

### Additional Requirements and Information:

- Medical school transcripts:
  - Att: Divya Talwar, PhD  
Orthopaedic Surgery  
4th Floor Hub  
35<sup>th</sup> and Civic Center Blvd, Philadelphia PA 19104
  
- CV in a separate document
- PDF of STEP 2 Score (If available)

### Application Checklist:

- Have you completed all sections of the application clearly and accurately?
- Have you included your STEP 2 score? It will be an application advantage
- Have you submitted your medical school transcript?
- Have you included your typed CV as a separate document?

Please return your full application to [talward@chop.edu](mailto:talward@chop.edu) by **November 15**.

- I certify that I have provided accurate information in this application, that the writing samples and other materials submitted as my own are indeed my original work, and I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or the rescission of admission.

Applicant Signature:

Date: