

Please complete all requirements and return application by February 28, 2013 to: National Multiple Sclerosis Society, Gateway Area Chapter 1867 Lackland Hill Parkway St. Louis, MO 63146 Attn: Suzanne Carron, Vice President of Programs & Services 314-446-4169 Suzanne.carron@nmss.org

Application for Medical Student Fellowship in Multiple Sclerosis St. Louis, MO

(See Program Description for additional application requirements)

Please Print! Name of Student:						
School (current en	rollment):					
School Address:						
Birth date						
Social Security nur	nber					
Citizenship			<u></u>			
Mailing Address: (check will be sent here) Street		Permanent Address: Street				
Apt/Unit City Apt		ot/Unit City				
State	Zip	St	ate	Zip		
Phone Cell phone						
Email		_Fax	۲			
Prior Educational E						
	Institution and Locatio	n	Dates Attended	Degree	Field	
Undergraduate Graduate						
Graduate						
Work or Volunteer Experience:						
1						
2						

(Note: Fe Centers for and 2 nd ye	ovide preferred start and end date ellowship dates will also be based r Comprehensive Care in St. Louis. ear at Washington University Sch August 31, 2013).	on the availability of neu For 8-week research fello	rologists at MS Affiliated owship between students 1st
	p preferred start date: p preferred end date:		
Student S	ignature		
Personal S	<u>Statement</u>		
Please ans	swer the following questions with	in one page:	
1.	Why do you have an interest in	working with patients wi	th MS?
2.	What would be your main goals	for participating in this s	tudent fellowship?