



**MEMF-NA**

**The Maurice. E. Müller Foundation of North America**



MEMF-NA FOUNDER  
MAURICE E. MÜLLER

As of September 1, 2009

**APPLICATION FOR: EUROPEAN FELLOWSHIP NORTH AMERICAN FELLOWSHIP**

**NAME:** \_\_\_\_\_

**BIRTHDATE:** (mm/dd/yy) \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_

**NUMBER OF CHILDREN:** \_\_\_\_\_

**EDUCATION:**

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_

**MAJOR FIELD:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_

**HONORS:** \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL SCHOOL:** \_\_\_\_\_

**DATES ATTENDED:** **From** \_\_\_\_\_ **To** \_\_\_\_\_

**HONORS:** \_\_\_\_\_

**STUDY LOCATION:** (LIST PROPOSED LOCATION/S OF STUDY:)

LOCATION 1: \_\_\_\_\_  
TIME PERIOD: **From** \_\_\_\_\_ **To** \_\_\_\_\_  
PRECEPTOR: \_\_\_\_\_  
LOCATION 2: \_\_\_\_\_  
TIME PERIOD: **From** \_\_\_\_\_ **To** \_\_\_\_\_  
PRECEPTOR: \_\_\_\_\_  
LOCATION 3: \_\_\_\_\_  
TIME PERIOD: **From** \_\_\_\_\_ **To** \_\_\_\_\_  
PRECEPTOR: \_\_\_\_\_

**CAREER PLANS AND REASON FOR SEEKING MÜLLER FOUNDATION SUPPORT:**

(attach 100-200 word statement of career goals, etc)

**REFERENCES:** Have 3 Letters of Reference included with your completed application.

**CHIEF OF ORTHOPAEDIC RESIDENCY PROGRAM:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TWO OTHER ACADEMIC ORTHOPAEDIC REFERENCES:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All applications and supporting letters must be received before 1 July of the year preceding the desired start of the Fellowship. Fellowships will normally start on 1 July or thereabouts.*

**Send Completed Application to:**

Dr. Robert Trousdale  
Department of Orthopaedic Surgery  
Mayo Clinic,  
200 First Street S.W.,  
Rochester, Minnesota  
USA 55905