

The Shaskan Endowment was established to honor Dr. Shaskan and his passion for the field of aerospace medicine. This scholarship will be used towards aerospace medicine education at the University of Texas Medical Branch such as the Principles of Aviation and Space Medicine short course. The Shaskan Scholarship is a vital tool in our efforts to train tomorrow's aerospace medicine physicians, preparing them to play essential roles in the human element of space exploration.

APPLICANT INFORMATION

Name (First, Middle, Last):		
Phone:	E-mail:	
Current address:		
City:	State:	ZIP Code:
Degree(s):		
Will you be able to attend the short course this July?	YES	NO

GENERAL INFORMATION

Have you applied for another scholarship in Aerospace Medicine?	YES	NO
If yes, which one:		
Were you awarded?	YES	NO

EDUCATION

Undergraduate:		
Dates:	Degree Awarded:	
Graduate:		
Dates:	Degree Awarded:	
Medical School:		
Dates:	Degree Awarded:	MD DO Other (please list):
If still training, what year are you?		
Internship / Residency:		
Dates:	Program:	
If still training, what year are you?		
Other Medical Training (nursing, EMT-P, etc.):		
Dates:	Hospital / Location:	

HONORS AND AWARDS

Please list any honors and awards that you received during the last 5 years:

AEROSPACE MEDICINE ACTIVITIES

Aerospace medicine, human factors, physiology, or human factors courses/electives:

Activities in aerospace medicine environments (altitude/hyperbaric exposure, MEDEVAC, flight, SCUBA, parachuting, etc.):

Presentations, publications, abstracts on aerospace medicine topics to academic or to other groups:

MILITARY OR PUBLIC HEALTH SERVICE DUTY

Branch:

Rank:

Assignment:

Dates:

If you are currently serving, date your term will end:

LEADERSHIP AND RESEARCH

List leadership activities during the last 5 years:

List research and publications from the last 5 years and active research projects

RELEVANT COMMUNITY SERVICE ACTIVITIES / MEMBERSHIPS

CAREER GOAL

PERSONAL STATEMENT

(PLEASE INDICATE WHY DO YOU FEEL YOU SHOULD BE SELECTED FOR THIS SCHOLARSHIP?)

Applicant Signature:

Date:

NOTE: Social Security number required if you are awarded the scholarship. Applicants will be notified by E-mail.

Please return completed application to:

Shaskan Scholarship Committee
c/o: Principles of Aviation and Space Medicine
University of Texas Medical Branch
301 University Boulevard
Galveston, TX 77551-1110
P: 409.747.6131 / F: 409.747.6129
E: caevande@utmb.edu

For Internal Use Only:

Date Application Received: _____ Date Application Reviewed by Committee:
