



# Children's Hospital Boston

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## *Pediatric Pathology Visiting Scholar Award Application Form*

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Proposal goal during study period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Chairperson: \_\_\_\_\_

(letter of support required)

Preferred date of arrival: \_\_\_\_\_

(provide 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices)

Attach curriculum vitae and mail to:

**Harry Kozakewich, M.D.  
Department of Pathology  
Children's Hospital  
300 Longwood Avenue  
Boston, MA 02115**