



***Boston Children's Hospital
Pediatric Pathology
Visiting Scholar Award Application***



Name of Applicant: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Proposal goal during study period: _____

Department Chairperson: _____

(letter of support required)

Preferred date of arrival:
(provide 1st, 2nd, and 3rd choices) _____

Attach curriculum vitae and mail or email to:

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