



**CLAES H. DOHLMAN SOCIETY  
FELLOWSHIP AWARD**

**2018 APPLICATION**





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**ELIGIBILITY/ APPLICATION REQUIREMENTS & INSTRUCTIONS**

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**ELIGIBILITY REQUIREMENTS**

- Current fellows in Cornea, Refractive Surgery, and External Diseases who **complete their fellowship in 2018 or 2019**
- OR**
- Individuals who have completed their fellowship in Cornea, Refractive Surgery, and External Diseases within the past 2 years and who currently hold a full-time appointment in an academic department

**APPLICATION REQUIREMENTS**

- 1. COMPLETED APPLICATION** (enclosed)
- 2. CURRICULUM VITAE**
- 3. RESEARCH INTERESTS**

Please describe your research interests and career plans on a separate sheet (do not state “refer to CV”).

- 4. LETTERS OF RECOMMENDATION**

Three letters of recommendation are necessary for completion of this application. One of these letters should be from your Cornea Fellowship Director or Service Director.

**APPLICATION INSTRUCTIONS**

Please send your complete application (composed of the four items above) to:

Dr. Reza Dana, Chair, Selection Committee  
c/o Erica Eaton  
Schepens Eye Research Institute  
20 Staniford Street  
Boston, MA 02114  
Phone: 617-912-2627

Or email files to: **Erica\_Eaton@meei.harvard.edu**

Please enter “Dohlman Fellowship Award Application” in subject line.

**The deadline for applications is Friday, July 27, 2018**  
Incomplete application packets will not be reviewed.

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Signature of Applicant

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Date



## CLAES DOHLMAN FELLOWSHIP AWARD APPLICATION

### APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Cornea fellowship program and years attending/attended: \_\_\_\_\_

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

Program Director's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



**EDUCATION**

College: \_\_\_\_\_  
Institution City State Zip

\_\_\_\_\_  
Degree Years Attended

Medical School: \_\_\_\_\_  
Institution City State Zip

\_\_\_\_\_  
Degree Years Attended

Residency: \_\_\_\_\_  
Institution Years Attended

\_\_\_\_\_  
City State Zip

Fellowship: \_\_\_\_\_  
Institution Years Attended

Only if different  
than previous page

\_\_\_\_\_  
City State Zip

Other \_\_\_\_\_  
Institution Years Attended

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Specialty/Degree Years Attended



**REFERENCES**

1. Cornea Fellowship Director's/Service Director Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Telephone/Fax: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Telephone/Fax: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Telephone/Fax: \_\_\_\_\_

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