2026 Shoulder and Elbow Course for Residents and Fellows

November 19-21, 2026 | Rosemont, IL

2026 ASES Foundation Resident Scholarship Application

Applicant Information

Name: _____

Institution: _____

Orthopaedic Surgery Residency Program: _____

PGY Level (must be PGY-2 or PGY-3): _____

Email: _____

Phone: _____

Program Director: _____

Personal Statement *(Maximum 500 words):*

Please describe:

- Your interest in shoulder and elbow surgery.
- Why attending this course is important to your professional development.
- How participation will benefit your residency training and future career.

_____

_____

_____

_____

_____

_____

_____

Career Interests

Do you anticipate pursuing a fellowship?

☐ Shoulder & Elbow
☐ Sports Medicine
☐ Trauma
☐ Hand
☐ Arthroplasty
☐ Undecided
☐ Other

Nominating Faculty/Program Director Recommendation

Please attach an officially signed letter on the residency program's letterhead from your Nominating Faculty/Program Director confirming:

- Good standing within the residency program
- The need for financial support to attend the course
- Explanation how the applicant would benefit from this opportunity

---

Applicant Certification

I certify that the information provided in my application is accurate and current.

If selected, I agree to attend the full educational program and participate in all required course activities and submit a reimbursement request with documented expenses in accordance with the ASESF reimbursement policy. If I am unable to attend for any reason, I acknowledge that ASESF scholarship will not be transferrable to me the following year.

Applicant Signature: _____

Date: _____

Scholarship Recipient Commitment: Recipients agree to submit a brief (250–500 word) reflection within 30 days following the course describing key educational takeaways and how the experience will influence their residency training. Selected reflections may be featured in ASES Foundation communications.

Application Deadline: *September 1st, 2026*