



**Wetzel Fellowship  
Application**  
Submit to LeighH@maops.org

**Name:**

**Date:**

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**Preferred Mailing Address:**

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**Preferred Contact Phone Number:**

**Preferred E-Mail Address:**

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**College of Osteopathic Medicine:**

**Graduation Year:**

**Current Class Rank:**

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**Program Director:**

**Email:**

**Phone:**

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**Postgraduate Training Program:**

**Specialty:**

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I can attend the Annual Conference – *April 25<sup>th</sup> – 29<sup>th</sup>, 2018* – the following days

Wednesday

Thursday

Friday

Saturday

Sunday

I intend to practice in the State of Missouri upon completion of postgraduate training.

I have read and understand all requirements and expectations of the Wetzel Fellowship Program, including annual renewal expectations.

I understand Fellowship funds are to be used for expenses related to the cost of my education.

If selected as a finalist, I will be available for an interview with MAOPS leadership.

I will provide a letter of reference from - \_\_\_\_\_

Describe how you maintain a healthy work/life balance. (250 Words)

Provide a detailed example of how you have demonstrated leadership sometime in the last three years. (250 Words)

Explain why you believe you're the ideal candidate for this fellowship. (250 Words)

**Candidate Signature:** \_\_\_\_\_

For signature of the Program Director:

The candidate meets the performance and ethical standards to be considered for the Wetzel Fellowship.

The candidate will be available to attend the entire Missouri Osteopathic Annual Convention on April 25<sup>th</sup> – 29<sup>th</sup>, 2018.

**Printed Name:**

**Signature:**

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**Date:**

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