

Medical Student and Resident Application Form

Desired Location: \_\_\_ Trust Women Wichita 5107 E. Kellogg Dr., Wichita, KS 67218  
\_\_\_ Trust Women Oklahoma 1240 SW 44<sup>th</sup> ST Oklahoma City, OK 73109  
\_\_\_ Trust Women Seattle 1324 Fourth Ave Suite 1240 Seattle, WA 98101

Cost: Applicants are responsible for a \$100 application fee.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Title: Student \_\_\_\_\_ Year \_\_\_\_\_  
Have you completed a previous clinical rotation with Trust Women? No \_\_\_\_\_ Yes \_\_\_\_\_

Rotation Dates Requested

First Choice: \_\_\_\_\_ to \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ to \_\_\_\_\_

Medical Education

Medical School: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Month/Year Start Date: \_\_\_\_\_  
Month/Year Anticipated/Graduation Date: \_\_\_\_\_

Payment By: CHECK (Check# \_\_\_\_\_) Credit Card: Visa \_\_\_ MC \_\_\_ Discover \_\_\_

Make check payable to: Trust Women Foundation, Inc.

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address , If different from Mailing

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize \$ \_\_\_\_\_ to be charged to this card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Documents Included with this application

- Un-Official Medical School Transcript
- Letter of Interest

I attest that I am in good standing with my program and the information I have provided within this application is truthful and accurate to the best of my knowledge. I understand that any false or missing information will disqualify me from this position. I further declare that by submitting this application, I authorize the Trust Women and its representatives to contact persons associated with hospitals and institutions at which I have studied or trained as well as individuals whose names I have submitted in connection with this application. I hereby release from liability all representatives of Trust Women and its professional staff for references performed in good faith in connection with evaluating my application and credentials; and release from liability all individuals and organizations that in good faith provide information to Trust Women, including otherwise privileged or confidential information.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_