

**SCHOOL OF MEDICINE TEACHING SCHOLARS PROGRAM (TSP) 2008**

**APPLICATION FORM**  
(TO BE COMPLETED BY APPLICANT)

Name of faculty member:
Current academic rank:
Mailing address:
Department:
Phone: _____ FAX: _____ E-Mail: _____

**1. Describe your personal goals for participating in the School of Medicine Teaching Scholar's Program.**

**2. Describe your current educational role in your department or in your School.**

**Please include a current CV with this application.**

**Submit by FAX or mail by June 24, 2008 to Deborah Stevens at ED&R  
University of Colorado Denver School of Medicine  
12631 E. 17th Avenue, MSF523, AO1 Bldg, Room 7210 Aurora, CO 80045  
Phone: 303-724-7740  
Fax: 303-724-7743**