



Dr. Ramon L. Ruiz Endowed Fellowship in Cleft and Craniofacial Surgery Award Application and Guidelines

APPLICATION FORM

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Degrees: _____ Date of Birth: _____

Phone Number: _____

Email Address: _____

- AAOMS Member
- OMS Foundation Donor
- Citizen or non-citizen national of the United States or its possessions and territories
- Curriculum vitae (CV) including educational background, professional experience, publications, and presentations
- Personal statement (maximum 500 words) outlining their career goals, interest in craniofacial surgery
- Letter of acceptance or proof of enrollment in a craniofacial fellowship program.
- Two letters of recommendation from individuals familiar with the applicant's academic and professional achievements, emphasizing their potential for contribution to craniofacial surgery.

Cleft Craniofacial Fellowship Program Information

Name of Cleft Craniofacial Fellowship Program: _____

Program Director's Name: _____

Program Director's Phone: _____

Program Director's Email: _____

Program Start Date: _____ Program End Date: _____

Submission Instructions

Completed applications and supporting documents must be submitted by April 1, 2026 online via the OMS Foundation [award management software](#). For questions, contact the OMS Foundation at 847-233-4315 or via email at info@omsfoundation.org

Certification and Signature

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that incomplete or inaccurate applications may result in disqualification.

Applicant's Signature: _____ Date: _____