

**Inova Fairfax Hospital For Children
CL Fellowship Cover Sheet**

Name: _____

Address: _____

Phone: Home: _____ Work/Cell: _____

Enclosed materials:

- _____ Resume
- _____ Transcripts
- _____ Essay
- _____ Reference Letter 1
- _____ Reference Letter 2

I understand that the fellowship position is a one year commitment, and that it is my (the applicant) sole responsibility to confirm the receipt of the application materials.

Signature

Date

Please return the completed application materials to:

Inova Fairfax Hospital for Children
Holly Senn – Child Life Department
3300 Gallows Road
Falls Church, VA 22042

Phone: 703-776-3968

*If possible please send the application materials Priority Mail or Express Mail to avoid delays that may occur with the regular mail system.