

Society for Pediatric Dermatology 2012 Mentorship Grant Awards

Deadline for Submission is April 16, 2012

Check all that apply:

SPD Member
 Resident
 Fellow
 Jr. Faculty



PROGRAM APPLICATION

I. Applicant Information

Name _____ E-Mail _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Current Position Held _____

II. Mentor Information

Name _____ E-Mail _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

III. Mentorship Information

Mentorship Focus Is _____ Location _____
Mentorship Beginning Date _____ Ending Date _____

IV. Budget Request

You may attach a separate budget worksheet if you wish. Keep in mind any additional expenses you may encounter, such as malpractice insurance.

Transportation: _____

Lodging: _____

Food: _____

Other (describe): _____

Total Request \$: _____

V. Statement of Purpose to include the following points: (Please attach additional pages.)

- Describe your career goals.
- Describe the goal(s) of the proposed mentorship and any specific project planned.
- How do you envision this mentorship will impact your future career in pediatric dermatology?
- How will this experience specifically help prepare you to be a leader in pediatric dermatology?

VI. Curriculum Vitae (Please attach)

VII. Letter of Recommendation from potential mentor (May be sent separately)

VIII. Letter of Recommendation from Department Chair (May be sent separately)