



2018 Mentorship Grant Awards

Deadline for Submission is May 1, 2018

Check all that apply:

- SPD Member
- Medical Student
- 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

VIII. Letter of Recommendation from Department Chair