

## 2025 Mentorship Awards

## **PROGRAM APPLICATION**

dermatology		Check all that apply:	
2025 Mentorship Awar Deadline for Submission is Ma (The application is two pages. PROGRAM APPLICATION	ay 1, 2025	SPD Member  Medical Student  Resident  Fellow  Jr. Faculty	
I. Applicant Information			
Name	Email		
Address			
City			
Telephone			
Current Position Held			
What year of medical school/residency are			
Triat year or medical school/residency are	you iii:		
II. Mentor Information			
Name	Email		
Address			
City			
Telephone		-	
-			
III. Mentorship Information			
Mentorship Focus Is	Location		
Mentorship Beginning Date			
Do you as the mentee already have an exist please define the working relationship (i.e., institution? Have you already received anot	Have you completed a project	ct with them? Have you spent time at their	
IV. Budget Request  You may attach a separate budget worksh such as malpractice insurance.  Transportation: Lodging: Food: Other (describe):			
Total Request \$:			
. J.a. 1.044001 #.			

**III. Mentorship Information** Mentorship Focus Is Location Mentorship Beginning Date \_\_\_\_\_\_Ending Date \_\_\_\_\_ Do you as the mentee already have an existing mentor-mentee relationship v please define the working relationship (i.e., Have you completed a project wit institution? Have you already received another award to work with them?) You may attach a separate budget worksheet if you wish. Keep in mind an such as malpractice insurance. Transportation: Lodging: Other (describe): Total Request \$: Would the mentorship experience be able to occur without funding from SPD? Society for Pediatric Dermatology 8365 Keystone Crossing, Suite 107 • Indianapolis, IN 46240 Phone: 317-202-0224 ● Fax: 317-205-9481 ● Email: info@pedsderm.net

## 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 (Medical Students: Submit a letter from dean or advisor.)

Note: While it is not disqualifying, it is unlikely that someone applying for an award with someone at their home institution or home city will receive funding.