



Underrepresented in Medicine (URiM) Mentorship Awards

Application Deadline: May 1, 2026

Check all that apply:

- SPD Member
- Current Derm. Resident
- Accepted to Derm. Residency

I. Applicant Information

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Current Position Held _____

Dermatology Residency Program _____

Please check all groups with which you identify.

Race

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Other

Physician with disability

Yes

No

Gender identity

LGBTQIA+

Yes

No

Immigration Status (if applicable):

II. Mentor Information

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

III. Mentorship Information

Location _____ Mentorship Focus _____

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, 1 to 2 pages maximum)

- Why are you interested in pediatric dermatology? Describe your career goals and ways that you want to impact the specialty of pediatric dermatology (including research)..
- How do you envision your mentorship will impact your future career in dermatology and work with pediatric patients?
- What barriers have there been or will there be to pursuing a career in pediatric dermatology?

VI. Curriculum Vitae (Please attach)

VII. Letter of Recommendation from potential mentor.

VIII. Letter of Recommendation from program director at the time of the rotation.

Society for Pediatric Dermatology
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