



# 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 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  
8365 Keystone Crossing, Suite 107 ● Indianapolis, IN 46240  
Phone: 317-202-0224 ● Fax: 317-205-9481 ● Email: info@pedsderm.net