



**Women's Dermatologic Society's
2009 MENTORSHIP AWARD APPLICATION**

Deadline for Submission is November 1, 2008

Check ALL that apply: <input type="checkbox"/> Member of WDS <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Jr. Faculty
--

APPLICANT INFORMATION

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Institution and Current Position Held: _____

MENTOR INFORMATION

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

MENTORSHIP INFORMATION

Mentorship Focus Is: _____

Mentorship Beginning Date: _____
(Must begin after April 1st, 2009)

Ending Date: _____

Location: _____

BUDGET REQUEST

You may attach a separate budget worksheet if you wish. Keep in mind any additional expenses you may encounter.

Transportation _____

Lodging _____

Food _____

Other (describe) _____

TOTAL REQUEST \$ _____

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 dermatology?
- How will this experience specifically help prepare you to be a leader in dermatology?

CURRICULUM VITAE *(Please attach)*

Letter of Recommendation from potential Mentor *(May be sent separately.)*

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