

# WOMEN'S DERMATOLOGIC SOCIETY

## Career & Community Advancement Award Application



\*\* You must be a member of the WDS for at least three consecutive years post-residency to apply for this award!

### I. APPLICANT INFORMATION

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Job Description (i.e., private practice, faculty... etc.)  
\_\_\_\_\_

Have you ever applied for a Career & Community Advan. Award with WDS in the past?

Yes  No

If yes, were you accepted?

Yes  No

### II. MENTOR OR COURSE FACILITY INFORMATION

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Focus / Program Title: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Location: \_\_\_\_\_

### III. BUDGET REQUEST

You may attach a separate budget worksheet if you wish.

Tuition / Fees: \_\_\_\_\_

Transportation: \_\_\_\_\_

Lodging: \_\_\_\_\_

Food: \_\_\_\_\_

Other (describe): \_\_\_\_\_

TOTAL REQUEST \$ \_\_\_\_\_

### IV. STATEMENT OF PURPOSE TO INCLUDE THE FOLLOWING POINTS: *(Please attach additional pages)*

- In your Statement of Purpose, describe your career development goals.
- Describe the goal(s) of the proposed development program and any specific project planned.
- How do you envision this development program will impact your future career development in dermatology?
- How will this experience specifically help prepare you to be a leader in dermatology?

### V. CURRICULUM VITAE *(Please attach)*

### VI. 2 LETTERS OF REFERENCE

one from potential mentor that defines the content of the development program with the beginning and ending dates (or a copy of the Course Program Brochure) and a letter of recommendation from a WDS Member. *(May be sent separately)*

**Women's Dermatologic Society Career Development Committee**

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