



# Women's Dermatologic Society's 2010 MEDICAL STUDENT AWARENESS PROGRAM APPLICATION

Deadline for Submission is December 31, 2009

## I. APPLICANT INFORMATION

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

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

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

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

Current Medical School: \_\_\_\_\_

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

## II. PROSPECTIVE MEDICAL SCHOOL/INSTITUTE

Name of School/Institute: \_\_\_\_\_

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

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

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

Proposed Partner (if applicable): \_\_\_\_\_

Is proposed partner a WDS member?  Yes  No

## III. PROSPECTIVE ELECTIVE INFORMATION

Focus Is: \_\_\_\_\_

Beginning Date: \_\_\_\_\_  
(Must begin after April 1st)

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

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

## IV. BUDGET REQUEST: *(You may attach a separate budget worksheet if you wish)*

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

If driving, what is the estimated mileage?: \_\_\_\_\_ (please be specific)

If flying, what is the estimated airfare?: \_\_\_\_\_ (please be specific)

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

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

**TOTAL REQUEST:** \$ \_\_\_\_\_

## V. STATEMENT OF PURPOSE TO INCLUDE THE FOLLOWING POINTS *(Please limit your statement to 150 words)*

- Describe your career goals.
- Describe the goal(s) of the proposed elective and any specific project planned.
- How do you envision this experience will impact your future career in medicine?

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

## VII. Letter of Recommendation from potential Medical School or Proposed Partner *(May be sent separately)*

## VIII. Letter of Recommendation from Dean of your current Medical School *(May be sent separately)*

**Women's Dermatologic Society**

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