

DEF Mentorship Grant 2018 Application

Application Deadline: December 28, 2018



1) DEF Grant Applicant Information

Name _____

Institution/Practice/Program: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Current Position Held _____

2) Research Mentor Information

Name _____

Institution: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Current Position Held _____

3) Mentoring Details

Area of Focus _____

Mentoring Dates _____ to _____

Location _____

4) Proposed Budget – Attach a separate worksheet if necessary:

Transportation _____

Lodging _____

Meals _____

Other (Describe) _____

5) Statement of Purpose (Please attach)

Describe the goal(s) of the proposed mentoring and any specific project planned. Indicate how you envision this mentoring opportunity impacting your future in dermatology, specifically in helping you provide a higher level of care to patients in the discipline of your mentorship.

6) Curriculum Vitae

Please attach the CVs of the Grant Applicant and the Research Mentor.

7) Acknowledge the Grant Requirements Below Initial here. _____

- Thirty (3) days prior to the start of the mentoring project, the applicant is to reaffirm the dates of the project with the DEF.
- Within 30 days of completing the approved project, the applicant awardee is required to submit a written report summarizing the skills or knowledge acquired from this experience. A full reconciliation of the funds must also be submitted at this time.

- Within 30 days of completing the mentoring experience, the research mentor must also submit a follow-up report to DEF.
- If an approved mentoring project cannot be completed as originally proposed or within the time limits mandated, the grantee must immediately contact the DEF. Any unused funds must be returned to the DEF.

7) Send completed application and grant award payment instructions* to info@dermnppa.org.

* Applicants are advised to provide detailed instructions regarding grant award payment methodologies and requirements as may be mandated by their employer, institution, or project committee. DEF is not responsible for grant award payments provided in violation of such third-party requirements.

It is essential that all applications are complete and received prior to the deadline of December 28, 2018. Please complete the checklist below to assure that your application is complete. If the application is incomplete or any of the items are missing, it will not be considered for the award.

- | | |
|---------------------------|--------------------------|
| 1. Completed application | <input type="checkbox"/> |
| 2. Statement of purpose | <input type="checkbox"/> |
| 3. Curriculum vitae | <input type="checkbox"/> |
| 4. Supplementary material | <input type="checkbox"/> |
| 5. Payment instructions | <input type="checkbox"/> |

I certify that the statements in this application are true to the best of my knowledge. I agree that the award funds will be used only for the purpose reflected in my application. Any unused funds will be returned to the DEF.

Signature of Applicant

Date

Please submit application and all supporting materials to info@dermnppa.org by December 28, 2018.