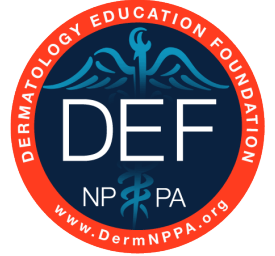


DEF Mentorship Grant Application



1) DEF Grant Applicant Information

Name _____
Institution/Practice/Program: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____
Current Position Held _____

2) Mentor Information

Name _____
Institution: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____
Current Position Held _____

3) Mentoring Project Details

Area of Focus _____
Mentoring Dates _____ to _____
Location _____

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

Transportation _____
Lodging _____
Meals _____
Other (Describe) _____

5) Statement of Project Purpose (Please attach)

Describe the goal(s) of the proposed mentoring experience and any specific project planned (“Project”). 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 (30) days prior to the start of an awarded mentoring project, the Mentee or Mentor shall reaffirm the Project dates to the DEF.
- Within thirty (30) days of completing the Project, the Mentee shall submit i) a written report summarizing the skills or knowledge acquired from this experience and ii) a full budget reconciliation detailing the use of the funds.
- Funds shall be applied to the Project in compliance with the information presented in the Application. Any unused funds must be returned to the DEF.
- Within thirty (30) days of completing the Project, the Mentor must shall 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 Mentee must immediately contact the DEF.

8) 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.

Please complete the checklist below to help ensure 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
2. Statement of purpose
3. Curriculum vitae
4. Supplementary material
5. Payment instructions

The information provided is accurate and based on information and belief at this time.

Signature of Applicant

Date

**Please submit application and all supporting materials to info@dermnppa.org
If you have any questions as you complete the form, please let us know via email or
call us at (888) 744-DERM (3376).**