

A) APPLICANT AND MEDICAL STUDENT INFORMATION			
1. APPLICANT INFORMATION			
a. NAME (Last, First, Middle Initial)	b. DEGREE(S)		
c. DEPARTMENT	d. TITLE		
e. INSTITUTION	f. YEAR 1 OF DF CAREER DEVELOPMENT AWARD: 2012 2013 2014 2015 2016 2017		
g. CURRENT MAILING ADDRESS	h. TELEPHONE		
	i. EMAIL ADDRESS		
j. AMOUNT REQUESTED \$ for period Beginning Ending	k. HUMAN SUBJECTS RESEARCH REQUIRING IRB REVIEW/APPROVAL YES NO		
I. TITLE OF PROJECT			
m. DURATION OF PROJECT FUNDED BY RESEARCH SUPPLEMENT _____Weeks			
DERMATOLOGY DEPARTMENT CHAIR OR DIVISION CHIEF			
n. Name	o. Title		
p. Address			
q. Tel	r. Email		
FISCAL OFFICER			
s. Name	t. Title		
u. Address			
v. Tel	w. Email		
2. MEDICAL STUDENT INFORMATION			
a. NAME (Last, First, Middle Initial)	b. DEGREE(S)	c. YEAR OF BIRTH	
d. MEDICAL SCHOOL / INSTITUTION	e. YEAR IN MEDICAL SCHOOL	f. EXPECTED DATE OF GRADUATION:	
g. CURRENT MAILING ADDRESS	h. TELEPHONE (Area Code, Number and Extension)		
	i. EMAIL ADDRESS		
j. U.S. CITIZEN YES NO If no, visa status:	k. ETHNICITY Hispanic/Latino Non-Hispanic	l. GENDER Female Male	
m. RACE (Select all that apply.) American Indian or Alaskan Asian Black or African American White Native Hawaiian or Pacific Islander			



Please complete the fields below to provide a comprehensive plan for your medical student's participation in your research project.

B) DESCRIPTION OF PROJECT (150-200 words)

Provide a description of the research project the medical student will be working on and an overview of your mentoring/supervisory role. This should include specific aims, background, location, and all sources of funding.

C) LENGTH OF PROJECT AND WEEKLY SCHEDULE

Provide a description of the weekly schedule planned for the medical student's involvement. The medical student's completion of the full-time research plan may span 6 to 12 weeks.

D) BUDGET

Identify in a simple, itemized budget how the \$5,000 will be utilized.

APPLICANT SIGNATURE / DATE

"I certify that the statements in this application are true to the best of my knowledge. I agree that research funds will only be used for the project/purpose stated in my application. Any unused funds will be returned to the Foundation. I hereby agree to provide the final reports to the Foundation within 60 days of the termination of the award."

SIGNATURE

DATE