

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: <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018	
g. CURRENT MAILING ADDRESS	h. TELEPHONE	
	i. EMAIL ADDRESS	
j. AMOUNT REQUESTED \$ _____ for period Beginning _____ Ending _____	k. HUMAN SUBJECTS RESEARCH REQUIRING IRB REVIEW/APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO If no, visa status:	k. ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	I. GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
m. RACE (Select all that apply.) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> 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