



**EARLY CAREER* DERMATOLOGIST MENTORSHIP AWARD
APPLICATION**

*** in practice less than 10 years**

NEDS Active* Physician Member Applicant Name: _____

Affiliation/Organization: _____

Address: _____

Email: _____ Phone: _____

Mentor Name: _____

Affiliation/Organization: _____

Address: _____

Email: _____ Phone: _____

Project Proposal (include background, aims/hypothesis, methods, timeline and references)

note: proposal length is *limited to 2 pages* (not including references):

[insert proposal copy here or provide an attachment]:

Project Budget proposal (Funding can also be used to cover related travel, lodging, and/or meals):

[insert budget details here or provide an attachment]:

Attach and submit to NEDS@mms.org with **EARLY CAREER APPLICATION** in the SUBJECT LINE

- (A) Your completed Application
- (B) Letter of Support from your Dermatologist Mentor
- (C) Your CV

*** Active – applicant's NEDS dues are up-to date**

Application Submission Deadline is Tuesday April 30, 2024 at 6:00 PM EST