



**Association of Pediatric Program Directors
Scholarship for Residency Program Coordinators
Instructions and Criteria**

Scholarships in the amount of \$500.00 will be awarded to assist Pediatric Residency Program Coordinators who wish to attend the Annual Spring Meeting or the Fall Meeting for New Program Directors and Coordinators.

Please read the instructions carefully before completing the application.

- 1. To be considered for this scholarship the following criteria must be met:**
 - Program must be a current member of the APPD
 - Coordinator will not receive 100% financial support from their program to attend the meeting (a detailed budget outlining conference/travel support available to you from your program must be submitted with your application – see bottom of last page)
 - Coordinator has not received a grant in the last two years
 - Program Director or Chair must submit a letter of endorsement for the grant

- 2. Applications must be submitted by January 15th for the annual spring meeting and August 1st for the annual fall meeting. Applications received after this date will not be considered.**

- 3. All applications will be reviewed by the Scholarship Committee. Scholarship recipients will be notified by e-mail by February 15th for the annual spring meeting and by August 15th for the annual fall meeting.**

- 4. If you have any questions about these instructions, please feel free to contact the APPD Executive Director. The e-mail address is: info@appd.org.**

*Return completed application and Letter of Endorsement to:
APPD, 6728 Old McLean Village Drive, McLean, VA 22101, fax 703-556-8729, info@appd.org*



**Association of Pediatric Program Directors
Scholarship for Residency Program Coordinators
Application Form**

~ Submission Deadlines: January 15 for Spring Meeting, August 1 for Fall Meeting ~

First Name _____ **Last Name** _____ **Middle Initial** _____

Program Name

Institution Affiliation

Program Address

Program Director _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Length of Current Position _____

Please answer the following questions:

1. **Have you attended a previous APPD Meeting?** _____

When and where? _____

2. **Have you presented at an APPD Meeting?** _____

When and where? _____

Tell us, in 50 words or less, why you should receive this scholarship:

Tell us, in 50 words or less, what you hope to gain from attending the APPD Meeting.

IMPORTANT: Please include a detailed travel budget outlining what funds will and will not be provided by your program for your attendance at this APPD conference.

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