



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

**Scholarships in the amount of \$500.00 will be awarded to assist Pediatric Program Coordinators who wish to attend the APPD Annual Spring Meeting or the APPD Annual Fall Meeting.**

*Please read the instructions carefully before completing the application.*

**1. To be considered for this scholarship, the following criteria must be met:**

- **Applicants must have an active membership with the APPD;**
- **Applicants should have not been awarded an APPD scholarship within the last 5 years;**
- **Applicants must submit a detailed budget, signed by the program director or department chair, outlining what expenses their program will and will not cover, i.e., registration, hotel, airfare, meals / per diem, etc. (Note: This should include any expenses that could be supported by the program's GME office.)**

*Please complete and submit the budget form provided on page five of this document. Applications will not be considered without this information.*

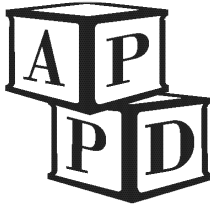
- **Applicants must submit a letter of endorsement from Program Director or Department Chair.**

**If you meet the above criteria, applications will be subject to the following considerations in order and/or on a case-by case basis:**

- **Applicant has never attended an APPD Spring or Fall Meeting;**
- **Length of time in your current position has been TWO YEARS or less;**
- **Program is already paying for another coordinator from the same program to attend the meeting;**

- **Scholarship applicants whose primary job function is to oversee coordinators of numerous programs (Program Managers), or work in the GME office, will be considered for scholarships only after eligible program-specific coordinator applicants have been awarded the scholarships.**
2. **Applications must be submitted by January 15th for the APPD Annual Spring Meeting and August 15th for the APPD Annual Fall Meeting. Applications received after these dates 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 APPD Annual Spring Meeting and by August 22nd for the APPD Annual Fall Meeting.**
  4. **If you have any questions about these instructions, please feel free to contact the APPD office. The e-mail address is: [info@appd.org](mailto: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](mailto:info@appd.org)*



**Association of Pediatric Program Directors  
Scholarship for Residency and Fellowship  
Program Coordinators**

**Scholarship Application Form**

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

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Position (Core Coordinator, Fellowship Coordinator, other)** \_\_\_\_\_

**If fellowship, what subspecialty?** \_\_\_\_\_

**Program Name** \_\_\_\_\_

**Program Director** \_\_\_\_\_

**Institution Affiliation** \_\_\_\_\_

**Program Address**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Length of time at  
Current Position** \_\_\_\_\_

**Applying for Scholarship to attend which APPD Meeting?** \_\_\_\_\_

**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.**

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**IMPORTANT:** Please include a *\*detailed\** travel budget on the form below outlining what funds will and will not be provided by your program for your attendance at this APPD conference. Applications without this information will not be considered.

	<b>Program/Institution Will Pay This Amount</b>	<b>Program/Institution Will Not Pay This Amount</b>
<b>Air Fare</b>		
<b>Hotel</b>		
<b>Ground Transportation</b>		
<b>Meals*</b>		
<b>APPD Meeting Registration Fee</b>		
<b>TOTAL</b>		

\*APPD provides the following meals:

Annual Spring Meeting – continental breakfast (3), regional breakfast or lunch

Annual Fall Meeting – Keynote dinner, continental breakfast (2), lunch

*Signature of Program Director or Department Chair:* \_\_\_\_\_

*Please print name/position of person signing:* \_\_\_\_\_

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