

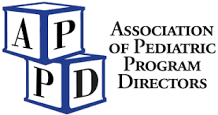
Scholarship for Residency and Fellowship Program Coordinators

Instructions and Criteria

A meeting registration scholarship will be awarded to assist Pediatric Program Coordinators/Managers/Administrators who wish to attend the APPD Annual Fall or Spring Meeting.

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

1. To be considered for this scholarship, the following criteria must be met:
   1. Applicants must have an active membership with the APPD;
   2. Applicants should have not been awarded an APPD scholarship within the last 5 years;
2. Applicants must submit a Letter of Endorsement from Program Director or Department Chair.
3. If you meet the above criteria, applications will be subject to the following considerations in order and/or on a case-by case basis:
   1. Applicant has never attended an APPD Spring or Fall Meeting;
   2. Length of time in your current position has been two (2) years, or less;
   3. Program is already paying for another coordinator from the same program to attend the meeting;
   4. Scholarship applicants whose primary job function is to oversee coordinators of numerous programs or work in the GME office, will be considered for scholarships only after eligible program-specific coordinator applicants have been awarded the scholarships.
4. Applications must be submitted by June 30, 2025 for the APPD Annual Fall Meeting. Applications received after the deadline submission will not be considered.
5. All applications will be reviewed by the Scholarship Committee. Scholarship recipients will be notified by e-mail by July 15, 2025 for the APPD Annual Fall Meeting.
6. If you have any questions about these instructions, please feel free to contact the APPD Office at: [info@appd.org](mailto:info@appd.org).



**APPD Coordinator Scholarship Application Form**

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

**Position (Residency Coordinator, Fellowship Coordinator, GME, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If fellowship, what subspecialty?**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of Time at Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name:**

**Program Director’s Name: \_\_\_\_\_\_**

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

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**Institutional Affiliation: \_\_\_\_\_\_**

**Telephone Number:**

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

**Please answer the following questions:**

1. **Have you attended a previous APPD Meeting? Yes No**

**If yes, when and where?**

1. **Have you presented at an APPD Meeting? Yes No**

**If yes, when and where?**

1. **Do you currently or have you previously held any leadership positions within APPD (Executive Councils, Learning Communities, Region Co-Chairs, etc.)? Yes No**

**If yes, when and what position?**

1. **Do you hold any leadership roles at your home institution? Yes No**

**If yes, when and what position?**

1. **Did you submit an any abstracts (poster or ELS) for this upcoming meeting? Yes No**

**If yes, how many?**

1. **Tell us, in 50 words or less, why you should receive this scholarship while upholding the** [**APPD Mission**](https://www.appd.org/about/) **(you may attach your response in an individual document):**