



ASSOCIATION  
OF PEDIATRIC  
PROGRAM  
DIRECTORS

## 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: \_\_\_\_\_

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? \_\_\_\_\_

2. Have you presented at an APPD Meeting? Yes  No

If yes, when and where? \_\_\_\_\_

3. 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? \_\_\_\_\_

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

If yes, when and what position? \_\_\_\_\_

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

If yes, how many? \_\_\_\_\_

6. Tell us, in 50 words or less, why you should receive this scholarship while upholding the [APPD Mission](#) (you may attach your response in an individual document):