Association of Pediatric Program Directors

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:
    a. Applicants must have an active membership with the APPD;
    b. 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:
    a. Applicant has never attended an APPD Spring or Fall Meeting;
    b. Program is already paying for another coordinator from the same program to attend the meeting;
    c. 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 January 25, 2027 for the APPD Annual Spring 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 February 8, 2027 for the APPD Annual Spring Meeting.

6. If you have any questions about these instructions, please feel free to contact the APPD Office at: 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: _____

_____

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):**