



**EARLY CAREER\* DERMATOLOGIST MENTORSHIP AWARD  
APPLICATION**

**\* in practice less than 10 years**

NEDS Active\* Physician Member Applicant Name: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Proposal (include background, aims/hypothesis, methods, timeline and references)

note: proposal length is *limited to 2 pages* (not including references):

*[insert proposal copy here or provide an attachment]:*

Project Budget proposal (Funding can also be used to cover related travel, lodging, and/or meals):

*[insert budget details here or provide an attachment]:*

Attach and submit to [NEDS@mms.org](mailto:NEDS@mms.org) with EARLY CAREER APPLICATION in the SUBJECT LINE

- (A) Your completed Application
- (B) Letter of Support from your Dermatologist Mentor
- (C) Your CV

**\*Active – applicant’s NEDS dues are up-to date**

**Application Submission Deadline is Tuesday April 30, 2024 at 6:00 PM EST**