



Wisconsin Dermatological Society Diversity Award Announcement

The Wisconsin Dermatological Society is pleased to announce the WDS Diversity Award to support diversity in dermatology. Building a diverse dermatology workforce will help address healthcare disparities that exist in underserved communities and ensures the WDS can address issues affecting the cutaneous health of all the people of Wisconsin. Toward this goal, the WDS will support up to a **\$5,000** award to fund a medical student scholarly experience for under-represented students.

The following application requirements must be met:

- The student must be a full-time medical student at an LCME-accredited or COCA-accredited medical school in the United States.
- The student must belong to an under-represented group in medicine. This may include:
 - Specific racial or ethnic minority groups
 - Sexual or gender minority groups
 - Rural communities
 - Other disadvantaged groups
- Mentor must be an active member of the Wisconsin Dermatological Society.
- The scholarly experience should be a minimum of 4 weeks. Expenses may include direct scholarly costs, travel, lodging, and a salary stipend for the student to conduct the scholar. Award funds may also be used for costs associated with dissemination of the scholar results; this may include publication costs, conference registration fees, or travel costs for the student. Award funds may not be used for indirect expenses and are payable to the mentor's institution.
- The student and mentor will co-apply for the award. Award funds will be awarded to the mentor's institution.
- The award period may start as early as May 1, 2024 and must end by June 30, 2025.
- A final report must be received by July 31, 2025. The student should submit a one-page report that describes their experience, lessons learned, challenges encountered, and benefits to their career and scholarly development.
- An abstract submission for poster presentation at the next WDS meeting is highly encouraged.
- All scholarly projects will be considered, including research, advocacy, community outreach, global health, curriculum development projects, and others.

Please submit the application as a single PDF file to info@widermsociety.org.

Applications will be accepted until 11:59 pm CST on March 15, 2024. Award notification by April 19, 2024.



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Medical Student Name _____

Medical School _____

Address _____

Phone _____ **Email** _____

Race and Ethnicity. Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

Gender Identity and Sexual Orientation

Gender Identity -- Do you think of yourself as:

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Genderqueer/gender nonconforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Neither exclusively male nor female |
| <input type="checkbox"/> Transgender man/trans man | <input type="checkbox"/> Other; please specify _____ |
| <input type="checkbox"/> Transgender woman/trans woman | <input type="checkbox"/> Prefer not to disclose |

Sexual Orientation -- Do you think of yourself as:

- | | |
|---|--|
| <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Lesbian or gay | <input type="checkbox"/> Something else; please specify: |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Queer, pansexual, and/or | <input type="checkbox"/> Prefer not to disclose |

Experiences of disadvantage. Please check all that apply to you.

- ☐ Were or currently are homeless
- ☐ Were or currently are in the foster care system
- ☐ Were eligible for the Federal Free & Reduced Lunch program
- ☐ Have/had no parents or legal guardians who completed a bachelor's degree
- ☐ Were or currently are eligible for Federal Pell grants
- ☐ Received support from the Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutritional Program for Women, Infants & Children (WIC)
- ☐ Grew up in a US rural area, as designated by the Health Resources and Services Admin. Rural Health Grants Eligibility Analyzer
- ☐ Grew up in a Centers for Medicare & Medicaid Services-designated Low-Income and Health Professional Shortage Area
- ☐ Other circumstance, please specify: _____
- ☐ None of the above statements apply
- ☐ Prefer not to disclose



Mentor Name _____

Institution _____

Address _____

Phone _____ **Email** _____

Project Title _____

Dates of Scholarly Experience _____

Budget

Please adjust categories as necessary. Provide appropriate justification for each line item listed below.

Costs	Amount (\$)
Materials and equipment	
Services and consultants	
Salary	
Conference registration fees	
Travel and lodging	
Publication or printing costs	
Other	
Total	

Project Proposal

Provide up to a two-page description of your proposed scholar project. Your proposal must include title of project, specific aim(s), background and preliminary data (if available), methods, projected significance, and references.

Letter of Support

Provide a letter of support from the mentor.