The New York State American Academy of Pediatrics - Chapter 3 is offering two scholarships to attend the annual AAP Joint District meeting. This meeting serves to promote discussion about child health issues between different geographic areas and will be held on June 21-24, 2018 in Itasca, IL. The purpose of the scholarship is to encourage Chapter members to learn more about and take advantage of leadership opportunities within the Chapter.

Scholarships are available to all Chapter members, with preference given to early (<10 years post training) and mid-career (10-25 years post training) physicians.

Prospective applicants should complete the application below and attach their current CV. An optional letter of support from a current mentor who is a member of Chapter 3 may be included as well. A subcommittee of the Chapter Executive Council will review applications based on the likelihood that the scholarship will improve the potential of the applicant to become more involved in the Chapter and potentially be a Chapter leader. Successful applicants are expected to attend the sessions at the conference.

Please send completed applications to the Chapter 3 Executive Director, Jessica Geslani, at [jgeslani@aap.org](mailto:jgeslani@aap.org). **Applications will be accepted until March 28, 2018** and results will be communicated no later than mid-April. The two scholarships will support travel, lodging, registration and other reasonable expenses incurred in the course of travel to the meeting, up to $2,000 per individual.

**NYS AAP - Chapter 3 Joint District Meeting Scholarship Application**

This is a Microsoft Word fillable form. Simply place your cursor in the appropriate area to type your response. You may also prepare your responses in another document or “scratch pad” and cut and paste them into the appropriate space on the form below. Once done, be sure to save this form before returning it to the Chapter.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Name:**

**Number of years in practice:**  1-5 years  6-10 years  10-20 years  >20 years

**E-mail Address:**       **Phone Number:**

**Please describe your current involvement in the Chapter or District:**

**Please describe in what manner you would like to be more involved in the Chapter.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Please save and e-mail your completed form to [jgeslani@aap.org](mailto:jgeslani@aap.org).