

SPSSCS ANNUAL MEETING MEMBER SCHOLARSHIP CRITERIA

1. **Purpose:** The SPSSCS established the Annual Meeting Scholarship to benefit society members by providing financial support for professional education in plastic surgical skin care.
2. **Uses:** Scholarship funds must be used to offset the expenses for annual meeting registration, travel and hotel expenses, and per diem.
3. **Qualifying Criteria:** To apply for the SPSSCS Annual Meeting Scholarship, candidates must meet the following criteria:
 - A. Be an Active Member of the SPSSCS for at least one full year.
 - B. Dues must be current.
 - C. Submit a completed scholarship application by **January 15**.
 - D. A letter of recommendation from the member's employing doctor is required. Additional letters of recommendation may be submitted from a supervisor or peer.
 - E. Agree to attend the entire educational session during the meeting.
 - F. Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to insure attendance).
 - G. Agree to write a short article about their favorite aspect of the meeting for the Summer issue of "Specialty Skin Care," the SPSSCS newsletter. The article will also be posted on the Society's website.
4. **Scholarship Committee's Responsibility:**
 - A. The Scholarship Committee is Chaired by the current Immediate Past President. Additional committee members include (2) SPSSCS past presidents in good standing and two (2) SPSSCS active members appointed by the president for a total of (5) committee members.
 - B. The Committee will evaluate each application and may interview applicants as part of the evaluation process. The scholarship will be awarded by majority vote and the Chair will notify the winner, the Board of Directors, and send letters to all the applicants. Decisions of the Committee are final.
 - C. The scholarship winner must be notified by **February 15** to allow ample time to make travel arrangements.
 - D. The SPSSCS Annual Meeting Scholarship will be in the amount of \$2,000 and the check will be presented to the winner during the annual meeting.
 - E. Scholarship funds may not be awarded to the same individual more than once in four (4) years.

**SPSSCS ANNUAL MEETING SCHOLARSHIP
APPLICATION FORM**

Application Deadline – January 15
Notification Date – February 15

Please type or print neatly

Name: _____ Credentials: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I have been a member of the SPSSCS for ___ consecutive years.

Please answer the following questions – attach additional sheets as needed:

1. Have you attended an SPSSCS annual meeting in the past? Yes No
If yes, how many?

2. To what extent does your employer support your participation in the SPSSCS?

Check all that apply

- Pays my membership dues
- Pays all my expenses to attend the annual meeting
- Pays _____% of my expenses to attend the annual meeting
- No support – I pay all my dues and annual meeting expenses out-of-pocket
- Other, please specify:

3. Will you be able to attend the SPSSCS Annual Meeting if you were NOT awarded this scholarship? Yes No

4. Briefly explain why it is important to you to attend this annual meeting (200 words or less).

I hereby agree to abide by the SPSSCS Annual Meeting Scholarship Criteria including to attend the entire educational session should I be awarded the scholarship.

Signature: _____ Date: _____

Please complete this form and attach your letter(s) of recommendation.

Send to: SPSSCS Scholarship Committee
11081 Winners Circle, Los Alamitos, CA 90720 USA
Email: skincare@surgery.org Phone: 800-486-0611 Fax: 562-799-1098

Approved by BOD April 25, 2005