Information

Christina Manthos was an extraordinary young urologist whose life and career were sadly curtailed by breast cancer. As a means of perpetuating the flame of her inspiration and honoring her memory, SWIU established an annual award to recognize those men or women who demonstrate extraordinary mentoring skills in supporting the career of a female urologist. SWIU believes that a mentor is an important element in the life of each professional woman and wants to encourage and reward those who set a good example.

Candidates

Appropriate candidates for this award are men or women who have demonstrated extraordinary mentoring skills to female urologists. Nominees are typically physicians who have been in practice at least 10 years.

Criteria

The SWIU Board of Directors reviews the candidates at the Winter Board Meeting and will present the award to the person that best exemplifies the mentoring traits that the award intends to encourage. Candidates will be considered in subsequent years if they are not selected in the year nominated.

Instructions

To apply for this award, please include the following items:

- Application Cover Sheet (enclosed)
- Nominee’s CV
- 3 letters of recommendation (we strongly encourage that these letters are from current and former trainees). Maximum length: 500 words. Please discuss the following criteria. NOTE: Excerpts from letters of recommendation for the award recipient will be posted on the SWIU website.
  - Description of how Candidate mentored women in urology (personal stories welcome)
  - Description of Candidate’s work

Submission Dates and Application Deadline

- Applications will be until December 15, 2019
- Late submissions will not be reviewed
- Recipient(s) will be notified of the award by March 16, 2020

Completed applications should be mailed to:

Society of Women in Urology
1100 E. Woodfield Road, Suite 350
Schaumburg, IL 60173
Phone: (847) 517-7225
Fax: (847) 517-7229
Email: info@swiu.org
Christina Manthos Award Application Cover Sheet

Please type or print clearly.

Your Name ___________________________________________ Present Position Title __________________________

Work Phone ___________________________ Cell Phone ________________________________________________

Email _________________________________________________________________________________________

Current Mailing Address ________________________________________________________________

Doctoral Degree(s) ____________________ Year Earned __________ Field of Degree __________________________

Medical School/PhD Program ________________ Residency Program _______________________________________________________________________

Information about the Candidate:

Candidate’s Name ___________________________________________ Present Position Title __________________________

Work Phone ___________________________ Cell Phone ________________________________________________

Email _________________________________________________________________________________________

Current Mailing Address ________________________________________________________________

Doctoral Degree(s) ____________________ Year Earned __________ Field of Degree __________________________

Medical School/PhD Program ________________ Residency Program _______________________________________________________________________

**LIST OF TRAINEES** (You may attach an additional page of names if necessary)

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<th>Name</th>
<th>Year Trained</th>
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**Additional People that support this nomination:**

Name ___________________________ Email ___________________________

Name ___________________________ Email: __________________________

Name ___________________________ Email ___________________________

*I certify that the statements contained in my application packet are true and complete to the best of my knowledge.*

_________________________ Date