Information

Jean Fourcroy was a pioneering female physician in the field of urology who helped to establish the Society of Women in Urology in 1980. Dr. Fourcroy’s unwavering perseverance and courage paved the way for women in urology. As a means of perpetuating the flame of her inspiration and honoring her memory, SWIU established an award to recognize exceptional leadership of women in urology.

Dr. Jean L. Fourcroy was the first woman to be admitted into and to complete the George Washington University (GWU) School of Medicine Department of Urology residency program. In 1980 she became board-certified in urology, the fifth female physician in the US and the first at GWU. Over her long, accomplished career, Dr. Fourcroy held a number of prestigious leadership positions, and received several leadership awards including Woman of the Year by the Women’s Medical Association of New York City, Presidential Citation Award, and Outstanding Service Award from the American Urological Association. SWIU is privileged to be able to offer an award in honor Dr. Fourcroy’s numerous contributions to women physicians and the field of urology.

Candidates

Appropriate candidates for this award are late-career women who have demonstrated extraordinary leadership over their career in urology.

Criteria

The SWIU Board of Directors will identify and select award recipients bi-annually at the Spring Board Meeting and will present the award to the woman that best exemplifies the leadership traits that the award intends to encourage:

- Commitment to the SWIU mission of advancing women in urology
- Demonstrated leadership skills in the field of urology
- Role model and/or mentor to others in the field of urology

The award will be presented as worthy individuals are identified. Identifying a candidate annually is not mandatory.

Instructions

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

- Application Cover Sheet (enclosed)
- Summarize highlights from Nominee’s Curriculum Vitae that support this award
- At least three (3) letters of recommendation; Maximum letter 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.
  o Description of Candidate’s commitment to the SWIU mission of advancing women in urology
  o Description of Candidate demonstrated leadership skills in the field of urology
  o Description of the Candidate as a role model and/or mentor to others in the field of urology

Submission Dates and Application Deadline

- Applications will be accepted until December 15, 2023
- Late submissions will not be reviewed
- Recipient will be notified of the Leadership Award by April 1, 2024

Completed applications should be emailed to info@swiu.org. Large files can be mailed to the SWIU executive office:

Society of Women in Urology
1100 E. Woodfield Road, Suite 350
Schaumburg, IL 60173
Phone: (847) 517-7225
Fax: (847) 517-7229
Jean Fourcroy Leadership 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 NOMINATORS (You may attach an additional page of names if necessary)

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<th>Name</th>
<th>Current Position</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 ____________________________