



SWIU 13th Annual
Clinical Mentoring Conference
January 26-28, 2024
New Orleans, LA

Resident Travel Award Application

Information

The Society of Women in Urology is proud to offer Resident Travel Awards to attend the SWIU 13th Annual Clinical Mentoring Conference. This award serves to subsidize the travel expenses for a female resident to attend the conference. One award will also be made available to up to one 3rd or 4th year medical student.

Awardees are expected to attend the entire meeting which will be held Friday, January 26 – Sunday, January 28, 2024.

The monetary value of the SWIU Resident Travel Award is \$900.00; recipients also receive complimentary registration worth \$100.

Candidates

This award is designed for female urology residents and 3rd or 4th year medical students.

Criteria

The SWIU Residents Committee will review the applications and will contact recipients of the award by **November 6, 2023**.

Instructions

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

- Application Cover Sheet (enclosed)
- Applicant Curriculum Vitae
- Personal Statement – please discuss the following:
 - Why are you interested in attending the SWIU Clinical Mentoring Conference
 - What do you hope to learn from the SWIU Clinical Mentoring Conference
 - Maximum length: 500 words

Completed applications should be emailed to: info@swiu.org

Application Deadline: Friday, September 15, 2023

Late applications will not be reviewed.

Society of Women in Urology

1100 E Woodfield Road, Suite 520

Schaumburg, IL 60173

Phone: (847) 517-7225

Fax: (847) 517-7229

Email: info@swiu.org

SWIU Resident Travel Award Application Cover Sheet

Please type or print clearly.

Contact Information

Name _____

Work Phone _____ Cell Phone _____

Email _____

Home Address _____

City _____ State, ZIP _____

Institution _____

Institution Address _____

City _____ State, ZIP _____

I am a ___ Resident or ___ Medical Student. Year in Residency Program (e.g., year 3)/Medical School: _____

Have you applied for the travel award before? Y/N _____ Do you have a female mentor(s)? Y/N _____

Number of female faculty in your program: _____ Number of female residents in your program: _____

AUA Section: _____

Authorized Signatures

Chairperson/Faculty Signature: By signing below, I am supporting the application of the above-named member of our department as a resident attendee/medical student attendee at the 12th Annual Clinical Mentoring Conference. I understand that attendance will be subsidized by the award to a maximum of \$750.00 (which includes complimentary registration for the welcome reception and president's dinner) and that attendance of the resident at all sessions and functions is expected from Friday, January 27 to Saturday, January 29, 2023.

Chairperson/Faculty Signature

Date

Applicant Signature: By signing below, I certify that the statements contained in my application packet are true and complete to the best of my knowledge.

Applicant Signature

Date