

# WDS & Yale Dermatology Research Fellowship Application

Full Name:

Date of Birth:

Name of Medical School:

Expected Graduation Date:

- Please provide your:
- Curriculum vitae
- Two letter(s) of recommendation
- Preferred research areas and/or potential mentors (if applicable)

We recommend that one of the letters come from a member of your home institution's dermatology faculty but understand that this is not always possible.

Please respond to the following questions (limit to 500 words or less per question).

- 1) Please tell us about your experience in medicine.
- 2) Why do you aspire to be a dermatologist?
- 3) What, in the field of dermatology, inspires you?
- 4) Are there specific areas of dermatology that you are interested in pursuing?
- 5) Why do you want to participate in the Yale Dermatology Research Fellowship and what are your goals?
- 6) In what ways would completing a fellowship at Yale enable you to meet your goals?
- 7) If selected for this fellowship, how would you plan to give back through mentorship, service, and leadership to the dermatology community?