** **

November 12, 2019

"**Wound Care Podiatrist Scholarship**" Application

HMP Global (HMP) and the North American Center for Continuing Medical Education (NACCME), executors of the annual Symposium on Advanced Wound Care (SAWC) Spring and Fall meetings, are again offering our **Wound Care Podiatrist Scholarship.** The scholarship is open to any member of the American Podiatric Medical Association (APMA) who has demonstrated exceptional clinical skills and an intense dedication to caring for patients with wounds.

The application criteria for the 2020 SAWC Spring **Wound Care Podiatrist Scholarship** are listed below. Please submit your completed applicationto Dyane E. Tower, DPM, MPH, MS, APMA director of Clinical Affairs at [***detower@apma.org***](mailto:detower@apma.org) by **December 20, 2019**. The winner will receive a complimentary registration (value of $500) to attend the 2020 *SAWC* Spring meeting being held from May 13–17 in San Diego. The winner will be responsible for their travel and hotel costs.

The winner will be presented their framed scholarship certificate award at the start of the SAWC Spring Poster Reception on Friday, May 15, 2020, at 7:15 p.m., in Hall F at the San Diego Convention Center. We’re asking that an APMA officer and winner check in by 7 p.m. prior to the ceremony start and be available to have photos taken afterwards. Applicants must confirm that they are available to attend the San Diego meeting should they be chosen.

**Applicant Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Practicing Wound Care (number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wound Care Honors (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Commendations (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Statement (limit to 250 or 500 words) please state why the scholarship would benefit you