**CHEST and APCCMPD Medical Educator Scholar Diversity Fellowship Award**

**Mentee Applicant Proposal**

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| **Applicant:**  |
| Name:       |
| Anticipated Fellowship Graduation Date:  |
| Degree(s):       |
| Institution:       |
| Associated Training Program: [ ]  Pulmonary/Critical Care[ ]  Pulmonary[ ]  Critical Care |
| Telephone:       | E-Mail:       |  |
| **Program Director:** |
| Name:       |
| Institution:       |
| Telephone:       | E-Mail:       |  |
| **Applicant Organization Information:** |
| Name:       |
| Street Address:       |
| City:       | State:       | Zip Code:       |
| Type of Organization (check one):  |
| Institution Affiliation:[ ]  Academic[ ]  Community [ ]  Community/Academic[ ]  Military[ ]  VA |  |