

## Research Reports <u>Diversity Research Supplement Award</u>

**Dear Award Recipient:** 

The Dermatology Foundation is pleased to support your recent research project. In order to assess the value of this award, please complete Part 1 of this report. Please ensure Part 2, on the following page, is completed by the medical student who participated in the research project. The final payment for your DRSA will be provided following receipt of Part 1 and 2, and your institution's financial report.

Additionally, we ask that you provide a photo of yourself with the medical student. This can be a professional or informal photo in the lab, or one which otherwise captures your collaboration. The DF may share this photo on our website, on social media, or in other communications to share this opportunity with other interested individuals.

Please submit the completed reports and photo via email to DF staff at: dfrap@dermatologyfoundation.org within 60 days of the end of your research program. To confirm that you have met the reporting requirement for your award, you will receive a return email confirmation from the DF. If you do not receive this confirmation email, this please contact the office at 847-328-2256 or dfrap@dermatologyfoundation.org.

Date:
er your research goals?



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## Part 2: Medical Student's Final Summary Report

Name:	Date:	
Medical School/Institution:		
City:		
State:		
Dear Medical Student,		
to keep in touch as your care	n is pleased to support your recent research experience. We hope eer progresses in order to measure this program's impact on the provide us with a personal email address for future correspondence:	
Email address:		
Additionally, please provide a following questions.	a summary of the research experience by responding to the	
1) What have you learned o	during the program supported by this award? (Limit: 100 words)	
2) What has this experience meant to you personally? (Limit: 50-75 words)		

Thank you.