



**Instructions:** • Application must be typed or printed with black or blue ink pen.  
• Enclose copy of *typed abstract* with application. (This will not be returned.)

**Personal Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Category Under Which You Are Eligible To Apply:**

Residency Category (please submit verification letter from residency director)

Program: \_\_\_\_\_

Director: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Post-Graduate Category

Non-Physician Category

Professional Position: \_\_\_\_\_

**Research Abstract:**

Please attach abstract to application form. The abstract must be limited to 250 double-spaced words in 10 or 12 point type. It must include a statement of purpose or hypothesis, the dates of study, and a statement of conclusion(s). Abstracts that do not comply with submission rules will not be reviewed.

If study involves human or animal research, was institutional approval received?

Yes \_\_\_\_\_  
(Name of Institution)

No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Forward to: VACEP McDade Award Committee      Or Fax to: (757) 258-3042**  
**PO Box 911**  
**Norge, VA 23127-0911**

**Questions? (757) 220-4911**