**SPARK AWARD**

The **SPARK AWARD** is a scholarship program that was begun to help “spark” an interest in residents who might be considering a career in Allergy/Immunology (A/I). The SPARK AWARD program provides $1500 to help cover the expenses for residents to spend 3 days (Thursday - Sunday) at the ACAAI Annual Meeting.

**ACAAI Annual Meeting │ November 12-16, 2020 │ Phoenix, Arizona**

Recipients of the SPARK AWARD will participate in a special Fellows-in-Training (FIT) symposium, be mentored by a FIT and have the opportunity to attend a wide variety of sessions covering all aspects of Allergy/Immunology. There is funding to allow a limited number of residents (Internal Medicine, Pediatric, or Med-Peds) from across the country to attend. We strive to represent as many programs as possible with our resident awards. 96% of last year’s participants rated this experience as very valuable.

**Eligibility:** Open to current 1st year Pediatric and Internal Medicine Residents, and 1st and 2nd year Med-Peds Residents

**To apply:**

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|  | Complete the application below. Applicants must be able to attend all 3 days- Nov 13-15. |
|  | Secure a letter of recommendation from your Residency Program Director or Faculty Mentor |
|  | Compose a Personal Statement (3-5 paragraphs) addressing your interest in the field of Allergy/Immunology. Describe any previous exposure and/or experience, and tell us what you hope to gain from attending the meeting. |

Send application, letter of recommendation and personal statement to Mary Campbell at [marycampbell@acaai.org](mailto:marycampbell@acaai.org)

**Deadline: May 15, 2020**

**Awardee Notification: June 17, 2020**

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| **Name** |  | | | | | | | | |
| **Street Address** |  | | | | | | | | |
| **City** |  | | | **State** |  | | | **Zip** |  |
| **Mobile phone** |  | | | **Personal email***:* | |  | | | |
|  |  | | | (non-academic) | |  | | | |
| **Residency Program** | | | | | | | | | |
| **Name** |  | | | | | | | | |
| **Location** |  | | | | | | | | |
| **Program Director or Faculty Mentor Name** |  | | | | | | | | |
| **Year in Training & Focus** |  | 1st Year Peds | | | |  | 1st Year Internal Medicine | | | |
|  |  | 1st Year Med-Peds | | | |  | 2nd Year Med-Peds | | | |
| **Have you ever received a Chrysalis Award from the AAAAI?**   Yes  No | | | | | | | | | |
| **Note:** Acceptance of this award is contingent upon your agreement to be contacted for up to 5 years regarding your career path, to help us evaluate the long-term success of this SPARK program. | | | Please provide us with a **long-term address** *(as best known)***:** | | | | | | |
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**Thank You for your interest in Allergy/Immunology!**