



THE ASSOCIATION OF WOMEN PSYCHIATRISTS FELLOWSHIP

The Association of Women Psychiatrists announces its Annual Fellowship for outstanding female psychiatry residents who have demonstrated significant potential for leadership and contribution in women's health. The Fellowship will award a \$1,500 stipend for travel and participation in the AWP/APA Annual Meetings. The Fellowship is designed in keeping with AWP goals of developing female psychiatrist leaders and improving the present and future personal and professional roles of women. The awardee will be on the selection committee for the AWP Fellowship for the following year and actively engaged in AWP activities.

The candidate will be selected based on leadership potential, interest in and commitment to women's health, community mental health service, and academic excellence.

Requirements for the application include:

1. Current enrollment in a psychiatric residency program
2. Curriculum Vitae
3. Letter of nomination from residency training director
4. Current AWP Membership (membership application may accompany the nomination application)
5. Letters of support/reference from two psychiatry faculty members
6. One half page personal statement of why the candidate believes she merits receipt of the fellowship and how this fellowship will assist her in meeting her career goals.

ALL DOCUMENTS MUST BE SUBMITTED AS A SINGLE PDF VIA EMAIL TO BE CONSIDERED BY THE SELECTION COMMITTEE

Send applications to: womenpsych@aol.com

DEADLINE: RECEIVED BY MARCH 10

2018 Fellowship Application: AWP Fellowship or Alexandra Symonds Fellowship
(Select the Fellowship this application is to be applied)

Founded in 1983, the AWP is an independent association of women psychiatrists.

Name: _____
FIRST MIDDLE LAST

Institution: _____
NAME CITY

Mailing Address: _____

Email: _____

Phone: _____

Expected date of graduation: _____

1. Briefly describe any distinctions or honors you have received during your medical school years and residency training.

2. What do you feel is your most important contribution to your community (home or school)?

3. Please describe your most significant leadership experience.

4. Please describe your interest in women's health issues and your goals related to this over the next decade (professional and personal).

Personal Statement

CHECKLIST

_____ Nomination letter sent by

Name: _____
Title: _____
Institution: _____
Phone: _____

_____ Application
_____ CV
_____ Personal Statement
_____ Letters of reference

(1) Name: _____
Title: _____
Institution: _____
Phone: _____

(2) Name: _____
Title: _____
Institution: _____
Phone: _____

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