



**NORTH AMERICAN HAIR RESEARCH SOCIETY
MENTORSHIP AWARD APPLICATION**

1. APPLICANT INFORMATION:

Name _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Telephone _____ E-Mail _____

Fax _____ Member North American Hair Research Society? _____

2. MENTOR INFORMATION:

Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____

Telephone _____ E-mail _____

Fax _____

Member North American Hair Research Society? _____

3. MENTORSHIP INFORMATION:

Mentorship focus: _____

Location: _____

Mentorship Beginning Date: _____
Ending Date: _____

4. BUDGET REQUEST: (May attach a separate budget worksheet)

Transportation _____

Lodging _____

Other (describe) _____

Total Request _____

5. STATEMENT OF PURPOSE: Include the following points. (Please attach additional pages.)

Describe your career goals.

Describe the goal(s) of the proposed mentorship and any specific project planned.

How do you envision this mentorship impacting your future career in hair research?

How will this experience specifically help prepare you to be a leader in hair research?

6. CURRICULUM VITAE: Please attach

7. ALSO REQUIRED: Letter from the proposed mentor.

Letter from applicant's department chair.

8. SUBMIT TO: Janet G. Hickman, M.D.
NAHRS Mentorship Chairman
1330 Oak Lane
Suite 101
Lynchburg, VA 24503-2513
hickmanderm@aol.com

9. DEADLINE: Completed applications must be received by November 30, 2009 for awards to be announced by February, 2010.

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