

Sample form, not for offline completion.

Visit <https://skinofcolor.awardsplatform.com> to enter.

Mentorship Program

The Skin of Color Society (SOCS) Mentorship Program is a comprehensive initiative that connects young physicians and medical students with an approved skin of color expert from SOCS. Mentoring will be provided for up to one year starting in March.

APPLICATION SCHEDULE

- **Entry Deadline:** November 4 at 12:00PM (Noon) CT
- The system will automatically prevent entry submission after the deadline.
- **Mentorship Pairings Announced:** end of March-early April 2026

Who is eligible to be a Mentee?

- Individuals who maintain active membership in SOCS with up-to-date dues payment.
AND
- Are either medical students, dermatology residents, or fellows/young dermatologists who have completed their residency within the last three years.

Who is eligible to be a Mentor?

- Individuals who maintain active membership in SOCS with up-to-date dues payment.
AND
- Are either practicing dermatologists or dermatology residents.
- Note: Residents have the opportunity to serve as both mentors (to medical students) and mentees (matched with practicing dermatologists).

Mentor-Mentee Pairing

Young physicians are paired with an approved mentor either by their preference or through allocation by the SOCS Mentorship Committee.

Due to high demand for the program, not all mentee applicants will be matched with a mentor.

Details

Categories: Open drop-down menu to SELECT your desired application.

*IMPORTANT: When you are ready to submit your application, CLICK 'Submit Entry'.

If you accidentally CLICK 'Save + next' in the last tab, you will be directed to the 'Details tab'.

To submit:

-CLICK on the final tab

-SCROLL down and CLICK 'Submit Entry'

Title (written in "Title Case")

Contact Information

PLEASE READ IMPORTANT NOTE:

Research, Career Development, and Innovation Awards: Please enter the primary investigator to whom the award will be given.

Observership Grant: Please enter your name as primary applicant.

Abstracts: Please enter the name of the presenting author (primary author).

We will contact the individual listed below should we need additional information or have questions regarding this entry.

First Name

25 characters

Middle Name Initial (optional)

Last Name(s)

40 characters

Suffix (optional)

5 words

Credentials (e.g. BS, MS, PhD)

List credentials as you would like them to be acknowledged (in print and/or digital).

Email

Telephone

Select your country. When entering the phone number do not input spaces or hyphens.

Institution/Affiliation

75 characters

List your institution/affiliation as you would like it to be acknowledged (in print and/or digital).

City

State/Province

Country

Zipcode/Postal Code

Are you a SOCS Member?

- ☐ I am a SOCS Member.
- ☐ I am a pending SOCS Member.
- ☐ I am not a SOCS member.

Membership in the Skin of Color Society is required for all programs and applications. A SOCS membership application can be found [here](#).

SOCS Membership

I am a:

- ☐ Physician (Fellow or International Fellow Member)
- ☐ Researcher in the field of Dermatology (Associate Member)
- ☐ Resident (Resident Member)
- ☐ Research Trainee (Research Trainee Member)
- ☐ 4th Year Medical Student (Medical Student Member)
- ☐ 3rd Year Medical Student (Medical Student Member)
- ☐ 2nd Year Medical Student (Medical Student Member)
- ☐ 1st Year Medical Student (Medical Student Member)

Select your current role in dermatology that coincides with your SOCS membership category.

Does your school have a home dermatology program?

- ☐ Yes
- ☐ No
- ☐ Does not apply

Have you participated in the SOCS mentorship program or observership grant in years' past?

- ☐ Yes, I have participated in the mentorship program.
- ☐ Yes, I have participated in the observership grant.
- ☐ Yes, I have participated in both the mentorship program and the observership grant.
- ☐ No, I have not participated in either the mentorship program or the observership grant.

In 250 words or less, summarize your career goals, goals for the mentorship experience, and why you feel this experience will be beneficial to you and your career.

250
words



Ensure your CV is up-to-date and as succinct as possible. (PDF files only.)

SOCS Mentorship Program Mentor

☐ Mentor to be paired by SOCS Mentorship Committee.

☐ I have a SOCS mentor identified with a Letter of Support.

If you have already identified a SOCS mentor, you are required to submit a letter of support from this mentor for the program.

Publicity Release

Skin of Color Society / Skin of Color Society Foundation Publicity Release Statement

I hereby grant the Skin of Color Society (SOCS), the Skin of Color Society Foundation (SOCSF), and its program and grant sponsors (e.g., mentorship, observership, research) collectively referred to as "the Organizations" to use my name, likeness, image, voice, and/or appearance as may be captured in photographs, video recordings, audiotapes, digital images, or other media during my participation in SOCS programs.

I understand and agree that the Organizations will have complete ownership of these media assets, including full copyright, and possess the right to utilize them for any purposes aligned with the missions of SOCS/SOCSF. These purposes may include, but are not limited to, use in illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials across various mediums, including digital platforms and the internet, both now and through the end of my program experience.

I hereby irrevocably authorize SOCS to edit, alter, copy, exhibit, publish, or distribute this photo for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I acknowledge and agree that I will not receive any form of compensation for the use of my image, voice, or other likenesses in these materials. Furthermore, I hereby release SOCS, SOCSF, the program and grant sponsors, and their agents and assigns from any and all claims, demands, and liabilities whatsoever in connection with the above-mentioned use.

I freely give my consent to the Organizations to use my name and likeness for the purpose of promoting the SOCS programs.

I confirm that I have thoroughly read and fully understand the contents of this consent and release agreement should I be selected for the award I am applying for.

☐ I agree.

☐ I do not agree.