

## Sample form, not for offline completion.

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

# Dermatologists of Tomorrow Scholarship

The Dermatologists of Tomorrow Scholarship presented by Clinique and SOCSF offers financial support and mentorship to individuals who are committed to health equity and aspire to pursue careers in dermatology. Recognizing dermatology as one of the most competitive medical specialties, this scholarship aims to increase access to the field.

This initiative aims to contribute to the pursuit of health equity and address health disparities for underserved, underrepresented, and marginalized groups by increasing the number of dermatologists who will prioritize care for these patients.

## Objectives

- To provide financial support for medical students to support their educational endeavors and expenses incurred when applying to dermatology residency.
- To broaden access to the specialty of dermatology.
- To boost the number of individuals in the field of dermatology who are committed to serving underserved, underrepresented, and marginalized populations.
- To cultivate scholars who not only successfully match into dermatology programs, but also develop into future dermatology leaders who are committed to health equity.

## Application Process

- **Application Period:** Opens April 1, 2025, and closes April 30, 2025.
- **Required Documents:**
  1. Completed application form
  2. Personal statement (500-750 words) outlining career goals and dedication to dermatology with a focus on underserved, disadvantaged, and marginalized populations.
  3. Curriculum Vitae (CV)
  4. Two letters of recommendation: Letters from individuals who can speak to teamwork skills, collaboration, and leadership potential
  5. Letter confirming current enrollment and good standing in a U.S. medical school
  6. Step 1 Transcript
  7. Official transcript from a U.S. medical school

## Selection Timeline

- **Application Review:** May - June 2025
- **Recipients Notified:** Mid-June 2025
- **Initial Fund Disbursement:** July 1, 2025

## Eligibility Criteria

- **Medical Student Enrollment:** Currently enrolled in a U.S.-based medical school as a third-year going into fourth year.
- **Residency Path:** Planning to submit an ERAS application for dermatology residency in the next year.
- **SOCS Membership:** Must be an active member of the Skin of Color Society (SOCS).
- **Commitment to Health Equity:** Applications are open to medical students, particularly those with financial need, and are encouraged from those with a demonstrated commitment to serving underserved, disadvantaged, and marginalized populations.

- **Academic Excellence:** Demonstrated academic success, as evidenced through CV and letters of recommendation.
- **Financial Need:** Applicants must exhibit financial need to support their dermatology residency application process.

**Awardee Expectations**

- **Use of Funds:** Scholarship funds are intended for dermatology residency-related expenses such as applications, away rotations, travel, conference registration, interview attire, and professional society memberships.
- **Active SOCS Membership:** Maintain active membership in SOCS throughout the scholarship period, including transitioning from Medical Student to Resident membership.
- **Residency Match Notification:** Notify SOCS once matched into a dermatology residency and join the SOCS alumni network for ongoing mentorship and community engagement.
- **Participation in Alumni Network:** Awardees are encouraged to actively participate in the alumni network, fostering mentorship and sharing experiences with new recipients.
- **Participation in Surveys:** Complete program-related surveys to provide insights and feedback about the scholarship experience.
- **Awardee Report:** Submit a 500-word report detailing the impact of the scholarship on career development, especially regarding dermatology for skin of color.
- **Attendance at SOCS Symposium:** Awardees are highly encouraged to attend the Scientific Symposium in the year following their award. An additional travel stipend will be provided to cover associated costs.
- **Testimonial Contribution:** Provide testimonials for SOCS newsletters or other platforms, sharing how the scholarship supported your path in dermatology.

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## 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'

2025 Dermatologists of Tomorrow Scholarship

This section of the application form confirms that you have read, understood, and agree to comply with the eligibility criteria and awardee expectations for the Dermatologists of Tomorrow Scholarship.

☐ I have read and fully understand the **eligibility criteria** for the Dermatologists of Tomorrow Scholarship and confirm that I meet all requirements.

**Eligibility Criteria**

- **Medical Student Enrollment:** Currently enrolled in a U.S.-based medical school who will be entering fourth year of year of medical school.
- **Residency Path:** Planning to submit an ERAS application for dermatology residency in the next year.
- **SOCS Membership:** Must be an active member of the Skin of Color Society (SOCS).
- **Commitment to Health Equity:** Applications are open to medical students, particularly those with financial need, and are encouraged from those with a demonstrated commitment to serving underserved, disadvantaged, and marginalized populations.
- **Academic Excellence:** Demonstrated academic success, as evidenced through CV and letters of recommendation.
- **Financial Need:** Applicants must exhibit financial need to support their dermatology residency application process.

☐ I have read **awardee expectations** for the Dermatologists of Tomorrow Scholarship and confirm that I accept the terms.

**Awardee Expectations**

- **Use of Funds:** Scholarship funds are intended for dermatology residency-related expenses such as applications, away rotations, travel, conference registration, interview attire, and professional society memberships.
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# 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 Name25 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.

City

State/Province

Country

Zipcode/Postal Code

Medical School Name

Medical School Address

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](#).

**Home Dermatology Program:**

Does your school have a home dermatology program?

- ☐ Yes
- ☐ No

**SOCS Mentorship Participation:**

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

- ☐ I have participated in the mentorship program.
- ☐ I have participated in the observership grant.
- ☐ I have participated in both the mentorship program and the observership grant.
- ☐ I have not participated in either the mentorship program or the observership grant.

**Research Experience:**

Please indicate your current involvement in any research projects by checking all that apply.

- ☐ I am currently working with a mentor.
- ☐ I have participated in research projects.
- ☐ I have dermatology-related research experience.
- ☐ I am not currently involved in any of the above activities.
- ☐ Does not apply.

**Personal Statement:**

Please provide a personal statement (500-750 words). Highlight your path to medicine, your interest in dermatology, your career goals in dermatology, and how this scholarship will help you achieve those goals.

750  
words

**Financial Need:**

450  
words

Please describe your financial need for this scholarship, including any specific challenges you are facing in your pursuit of a dermatology residency. In your response, you may include:

- Whether you are a first-generation college or medical school student.
  - If you grew up in a rural or low-income community.
  - Your participation in federal assistance programs, such as Pell Grants, WIC, or similar programs.
- Feel free to share other relevant circumstances that demonstrate your financial need and how this scholarship will help you achieve your goals.

**Service and Compassion:**

300 words

Was there an opportunity for meaningful engagement with the community you would like to share with us?

**Leadership:**

300  
words

Describe a leadership experience you are most proud of. What challenges did you encounter, and how did you overcome them? How did this experience shape your leadership approach, and how will you apply these principles as a leader in dermatology?

**Health Equity:**

300 words

Describe how you have demonstrated a commitment to promoting health equity.

Upload your  
**Curriculum Vitae**

(CV).



**Letter confirming current enrollment and good standing in a U.S. medical school:**

- The letter must be on official school letterhead and signed by an appropriate school official.
- Ensure the letter is recent and dated within the past 3 months.



**Step 1 Transcript**

: Please upload your Step 1 Transcript.



**Official U.S.-based Medical School Transcript**

: Please upload your most recent official transcript. Alternatively, your school may send it directly via email to [jayarzagoitia@skinofcolorssociety.org](mailto:jayarzagoitia@skinofcolorssociety.org) to ensure its authenticity.



**Letter of Recommendation:**

Upload a letter of recommendation from someone who can speak to teamwork skills, collaboration, and leadership potential. (1 of 2).



**Letter of Recommendation:**

Upload a letter of recommendation from someone who can speak to teamwork skills, collaboration, and leadership potential. (2 of 2).



**Budget:** (optional)

You may provide an initial budget detailing the expected use of scholarship funds, including any specific costs you anticipate with the template provided.



You may use this Residency Application Budget Template:  
<https://tinyurl.com/52paxmzv>

**Residency Match Notification:**

Once matched into a dermatology residency, you will be required to notify SOCS and provide proof of your match. Please confirm your willingness to comply with this requirement.

- ☐ Yes
- ☐ No

**Additional Information:** (optional) 200 words

Is there any additional information you would like the review committee to consider when evaluating your application?

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## 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.