

ELIZABETH P.B. LONG EDUCATIONAL MEMORIAL FUND 2023-2024 SCHOLARSHIP APPLICATION

In remembrance of Dr. Betsy Long’s love and devotion to medicine, dermatology, and the pursuit of a full life, the Elizabeth P.B. Long Educational Memorial Fund was created. The fund is dedicated to improving the lives of medical students and physicians and is pleased to offer this scholarship to a third-year dermatology resident at Tulane or LSU.

Eligible applicants are to create a work of “artistic expression” that is somehow significant to the field of dermatology. Examples include, but are not limited to photography, sculpture, painting, drawing, original music, poetry, short story, etc. No artistic experience or background is required! A \$1,500 grant will be awarded to the winning applicant to be utilized for educational expenses in residency (books, clinical equipment, academic travel expenses, etc.), and may be used for up to one year after completing residency.

Additional submission details are listed below and available at www.honoringdrbetsylong.com.

Submission Details

Submission should include the following: (1) digital representation of applicant’s artistic expression (PDF, photograph, audio or digital recording, etc.), (2) this completed application, and (3) an explanation as to how/why the work is significant to the field of dermatology. **Applicants must email submissions to contact@honoringdrbetsylong.com by Friday, February 23, 2024.** The winner will be notified via email on Friday, March 22, 2024. **PLEASE NOTE: a confirmation of application receipt will be emailed to you once submission is received.*

Applicant Information

(Applicant must currently be a 3rd year dermatology resident at Tulane or LSU)

Name: _____
Address _____
(City) (State) (Zip): _____
Phone: _____ Email: _____
Current State Medical License Number: _____
Undergraduate Institution Attended: _____ Years Attended: _____
Medical School Attended: _____ Years Attended: _____
Current Dermatology Residency Program: _____
Residency Program Start Date: _____

Agreement

If awarded, I agree to use the \$1,500.00 grant from the Elizabeth P.B. Long Educational Memorial Fund for academic or clinical expenses to further my dermatological education within one year of residency completion.

Applicant Signature: _____
Date: _____