



# American Society of Pediatric Nephrology FOUNDATION

## **ASPN Fellows Educational Grant Application** ***Financial Support for Fellows impacted by COVID-19***

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Fellowship Program: \_\_\_\_\_

Fellowship Graduation Year: \_\_\_\_\_

**Gender:**

- Male
- Female
- Non-binary/Gender non-conforming
- Prefer not to answer

**Race/Ethnicity (choose all that apply):**

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: \_\_\_\_\_
- Prefer not to answer

Amount requested (up to \$400): \$ \_\_\_\_\_

Description of how funds will be used (500 word maximum). Following are a few examples of how funds can be utilized: Board review courses, virtual courses around nephrology, educational materials, costs associated with research or qI projects, publication costs and memberships.:

Submit this form to the ASPN Office by email, [info@aspneph.org](mailto:info@aspneph.org). Applications will be considered on a rolling basis until funds have been exhausted. Applicants will be notified of the status of their request within 60 days of submission.