ACRO American College of RADIATION ONCOLOGY
Integrating Science and Technology into Patient Care

The Dr. Luther Brady ACRO Resident Educational Grant Application for 2023-2024

Residency Program Director Acknowledgement:

To be filled out by Residency Director

Name of Grant Applicant			
Residency Program Director Name	Signature		Date
Residency Program			
Address	City	State	Zip
Email (or preferred method of contact)			

I certify this is a resident in my program in good standing. I will allow this resident to fully participate in the research required for this educational grant. I will also attempt to accommodate this resident's participation in the annual ACRO Annual Meeting in 2024 .

Signature:_____ Date:_____

Please return this form to ACRO through the online submission portal