ACRO Resident Seed Grant

Application for 2024-2025

Residency Program Director Acknowledgement:

To be filled out by Program 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 ACRO Annual Meeting in 2025.

Signature: _____ *Date:* _____

Please return this form to ACRO through the online submission portal