



**Pennsylvania Geriatrics Society – Western Division  
Application**

**DAVID C. MARTIN AWARD  
Application**

In order to be considered a candidate for the award, please attach the following with the completed application:

- A copy of your AFAR/AGS Presentation Acceptance Letter
- Accepted abstract
- Application must be received no later than MARCH 10, 2019

Complete form below and submit all to Nadine Popovich, Administrator  
*Fax to 412-321-5323 ✦ Email [npopovich@acms.org](mailto:npopovich@acms.org)*  
*Mail: Nadine Popovich 713 Ridge Ave; Pittsburgh, PA 15212*  
*Questions: Contact Nadine at 412-321-5030*

*Visit: [www.pagswd.org](http://www.pagswd.org)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Medical School: \_\_\_\_\_ Current Year \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you receiving a stipend from AFAR/AGS? \_\_\_\_\_ If so, what is the amount? \_\_\_\_\_\***  
(\* If chosen as a DCM Award recipient, the award stipend will be the difference of the AFAR/AGS award and the DCM Award of \$1,500.00)

Please briefly answer the following questions:

Where was the research conducted (facility / city / state)? \_\_\_\_\_  
\_\_\_\_\_

Dates that the research was performed \_\_\_\_\_

Please list the mentor(s) for the project. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your contribution to this project/study? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your current career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_