



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, 2018

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

Visit: 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?