

Application for Distinguished Teacher Award for Medical Education

Society of Distinguished Teachers

Name: _____ **Faculty position/rank:** _____

Campus or other address: _____

Contact information: Telephone _____ Fax _____ Cell _____
Email _____

Brief Description of Proposed Project or Initiative:

(Please limit this section and budget to only one full page, attach to this cover page and submit by July 20th 2005 via an email attachment or fax to Gisella Weissbach-Licht, Director of the Office of Education, gisella.weissbach-licht@yale.edu or fax 737-4199).

Mentor/Collaborator in the Society of Distinguished Teachers: _____

Role of Mentor in this project:

Total Budget: (Note that funding may be up to \$10,000 however smaller grants are encouraged. Details can be included in the one page submission)

Signature _____

Date _____