



Association of Pediatric Surgery Training Program Directors

## Scholars of Inclusive Excellence

Program Application

**Name:**

**Email:**

**Training Program:**

**Training Year:**

**Why the applicant is eligible/which \*criteria apply?**

\*PGY 1 or 2 general surgery resident with a stated interest in Pediatric Surgery and at least one of the following criteria: Diversity of background or experience or Commitment to creating an inclusive pediatric surgery workforce.

**Personal Statement**