



The Dr. Luther Brady ACRO Resident Educational Grant Application for 2020-2021

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 February 25-27, 2021.

Signature: _____ Date: _____

Please return this form to ACRO no later than September 16, 2020 to info@acro.org