



**ACRO Resident Seed Grant
Application for 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 grant. I will also attempt to accommodate this resident's participation in the ACRO Annual Meeting February 2022.

Signature: _____ Date: _____

Please return this form to ACRO no later than April 10, 2021 to info@acro.org