



# SCCPDS "EXCELLENCE IN RESEARCH" AWARD

SCCPDS: [www.sccpds.org](http://www.sccpds.org)

## ENTRY FORM

\*\*\* ( Save blank Entry Form to your computer before entering data ) \*\*\*

Submit Form and Abstract to SCCPDS Webmaster:  
**[webmaster@sccpds.org](mailto:webmaster@sccpds.org)**

*Revised 02/17/2017*

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**ABSTRACT TITLE:**

**TITLE** (continued)

**FELLOW NAME:**

**CO-AUTHORS:**

**AUTHORS** (continued):

**SCCPDS SPONSOR:**

**INSTITUTION:**

**TODAY'S DATE:**

**FELLOWSHIP END DATE:**

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**FELLOWSHIP TYPE:**

**SCC**

**ACS**

**EM-SCC**

**FELLOWSHIP YEAR:**

**1st Year**

**2nd Year**

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**FELLOW APPLICANT INFORMATION**

LAST NAME: FIRST: M.I.:

ADDRESS:

ADDRESS (continued):

CITY: STATE: ZIP CODE:

EMAIL ADDRESS: HOME PHONE:

WORK PHONE: MOBILE PHONE:

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**FELLOWSHIP PROGRAM INFORMATION**

FELLOWSHIP:

CITY: STATE:

START YEAR: END YEAR:

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**RESEARCH INFORMATION**

THIS RESEARCH IS: WORK-IN-PROGRESS COMPLETE

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THIS ABSTRACT HAS: BEEN SUBMITTED FOR PRESENTATION

YES NO

BEEN SUBMITTED TO:

BEEN ACCEPTED TO:

BEEN PRESENTED AT:

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A MANUSCRIPT HAS: BEEN SUBMITTED FOR PUBLICATION

YES NO

BEEN SUBMITTED TO:

BEEN ACCEPTED TO:

BEEN PUBLISHED IN:

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