



ASSOCIATION OF RHEUMATOLOGY  
**HEALTH PROFESSIONALS**

A DIVISION OF THE AMERICAN COLLEGE OF RHEUMATOLOGY

ARHP: The Rheumatology Resource for Health Professionals

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**Graduate Student Recognition Award  
2013 Application**

(To be completed by the student's mentor)

This award is intended for non-physician health professionals who have not yet achieved a terminal degree.

**GRADUATE STUDENT'S INFORMATION – STUDENT DOES NOT HAVE TO BE AN ARHP MEMBER**

**Complete Name:** \_\_\_\_\_

**List all degrees:** \_\_\_\_\_

**University / Institute:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

List other funding received for this study: \_\_\_\_\_

\_\_\_\_\_

**MENTOR'S SIGNATURE:** \_\_\_\_\_

**MENTOR'S INFORMATION – MUST BE AN ACR/ ARHP MEMBER**

**Complete Name:** \_\_\_\_\_

**ARHP Member Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Mentors Signature:** \_\_\_\_\_

**Please include with this application:**

- A project proposal (up to 1000 words)
- A letter from the mentor of up to 250 words of support for the student.

This initiative will recognize creative research or clinical project efforts that merge theory and clinical practice in assessing and or improving the lives of patients with rheumatic diseases, broadly defined.

**Mail or fax to the above address:**

**c/ o Sharon Ross, Membership Coordinator** Phone: 404-633-3777 or 1-800-346-4753  
ext. 802 E-Mail: [sross@rheumatology.org](mailto:sross@rheumatology.org) ***on or before Monday, June 3, 2013.***