**Korean Society for Investigative Dermatology**

**Application for KSID-JSID-TSID Frontier Symposium Scholarship**

1. Name in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

1. Member of: 🗹 JSID TSID
2. Permanent home address:

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1. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Gender: Female Male
7. Current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected, the applicant must participate in the Korean Society for Investigative Dermatology 2024 annual meeting and present his/her research work in KSID-JSID-TSID Frontier Symposium.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant *(all information submitted by me on this form is true to the best of my knowledge and belief)*