**Project Title**

**Scholar Name**

Scholar Contact Info (institution, mailing, phone, email)

**Primary Mentor Name**

phone, email

**Division Director Name**

phone, email

**Department Chair Name**

phone, email

**Participation Statement**

If accepted as a RSP Scholar,

* I agree to participate and fulfill all requirements for certification, May 2025 to May 2028.
* I understand that I will design and perform a research project during this three-year period under the mentorship and guidance of a local mentor with facilitation from a national advisor.
* I have met with my local mentor, division chief, and department chair to discuss my proposed research project and the time commitment required by the APA Research Scholars Program.
* I understand the tuition is $5,600 due within 90 days of receiving my acceptance.
* I understand that, to receive final certification, I am required to complete my RSP project and present/publish it in a peer-reviewed forum.

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Scholar Signature

In support of this applicant, if they are chosen as a RSP Scholar,

* I agree that the applicant’s institution will cover the $5,600 tuition and it must be received within 90 days of acceptance into the program.
* I agree that the applicant’s institution will cover the cost of registration and travel for the scholar to attend the RSP Day at the Pediatric Academic Societies meetings in 2025, 2026 and 2027.

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Local Mentor Signature

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Division Chief Signature

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Department Chair Signature