

**UNITED STATES and CANADIAN ACADEMY of PATHOLOGY**  
**APPLICATION FORM FOR THE F. STEPHEN VOGEL AWARD**

Paper Title & Journal Reference: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ (Degree)

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant's role in investigation if other than first author: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If further supporting information is necessary, please attached a separate sheet.

**VERIFICATION OF ELIGIBILITY:**

This is to certify that the above named applicant is/was a Pathologist-in-Training in the Department of Pathology at the time the scientific investigation on which the article is based was started and substantially completed and, in my opinion, is qualified to compete for this Award in accordance with your announcement. He/she had a major role in the development of the studies leading to the publication of the enclosed article:

\_\_\_\_\_  
(Name typed or printed)  
Chairman or Director of Residency Training

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Institution)

Signature of Applicant: \_\_\_\_\_

Submit form and 10 reprints (or preprints) of paper to the Academy address on the reverse.