



Lori Karol Continuing Education Scholarship

Dr. Lori Karol was a true trailblazer, leader, mentor, role model, colleague, and friend to us all. As an advocate for Advanced Practice Providers, Dr. Karol was instrumental in the foundation of POPS in 2005. POPS will continue to honor her memory with an annual scholarship to the POPS Annual Conference.

Interested applicants should complete the attached application form. Deadline for the receipt of applications is six weeks after the scholarship application has been posted. Recipients will be notified by email on the status of their application at that time. The recipients will be formally recognized at the both the POPS and IPOS conference.

 THIS IS AN EXCELLENT OPPORTUNITY FOR EDUCATIONAL GROWTH AND PROFESSIONAL DEVELOPMENT! WE LOOK FORWARD TO SEEING YOU!



**Lori Karol Continuing Education Scholarship Qualifications**

**To be eligible for the scholarship, applicants must meet the following criteria:**

1. Be a registered POPS member for at least 1 year prior to the annual meeting. This includes being current on annual dues.

2. Member has not received a POPS scholarship in the past 3 years.

3. Member is not a current member of POPS Executive Board.

4. Complete an application form for the Sarah Gutknecht Continuing Education Scholarship.

5. In the year following the scholarship award, scholarship recipient(s) are required to become involved in POPS through committee participation or speaker presentation at the following year’s annual conference.

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Interested applicants should complete the attached application through the link listed on the announcement for the scholarship awards on the POPS website. Deadline for receipt of applications is six weeks after the scholarship application has been posted. Recipients will be notified by email on the status of their application at that time. Scholarship recipients will be awarded a scholarship in the amount of $900.00 to apply towards the cost of the annual POPS meeting.

**Lori Karol Continuing Education Scholarship Application**

**Name:**

**Address:**

**Phone Number: Cell Number:**

**Email address:**

**Current Employer:**

**How long have you been a POPS member?**

**How many years in pediatric orthopaedics:**

**Tell us about your mentor(s) and how they have influenced your current**

**practice?**

**Describe a time when you had to display leadership:**

**Do you have any special projects or research studies that you are involved in? If so, please explain:**

**If you are awarded the scholarship, you will be required to become involved with POPS through committee membership. What could you bring to POPS and what committees would you be interested in being involved with?**

**Please submit completed application by to the POPS Conference Committee:**

**Valerie Parrish, PA-C** **vaparris@texaschildrens.org**