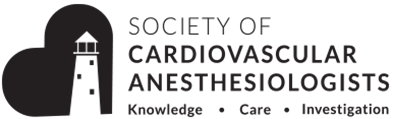
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**2026 Kaplan Leadership Development Award Requirements & Instructions**

# Timeline

Application process opens September 12, 2025 and closes January 18, 2026 at 11:59 pm Central. Applications should be emailed to operations@scahq.org.

# Grant Awarded

**Total: $10,000**

The Kaplan Leadership Award will be adjusted accordingly to offer an aggregate of $5,000 to either one recipient or divided among two.

* $5,000/$2,500 from the SCA Endowment, with a $5,000/$2,500 match from the applicant’s institution to fund a leadership education strategy.

# Eligibility

1. Member, Society of Cardiovascular Anesthesiologists.
2. Practices in the field of cardiothoracic or vascular anesthesia.
3. MD or DO degree.
4. Applicants can be at any career stage.
5. Previous Kaplan Leadership Development Award recipients are not eligible.
6. Leadership training should be completed within two years after the award of the grant.

# Application Requirements

1. **Title Page (using the template provided on the SCA website) including the following:**
   * Title for leadership project (see description below).
   * Name of applicant, academic degrees, faculty rank.
   * Sponsoring institution.
   * Name, address, and telephone number of responsible department chief or chair.
   * Name, address, and telephone number of responsible financial officer of the sponsoring institution.

# Curriculum Vitae of the applicant.

1. **Letter of Support from the Department Chair (or equivalent) indicating the following:**
   * Assessment of the applicant’s leadership and other professional accomplishments.
   * A statement indicating departmental support for matching funds.
   * A statement indicating the department will provide the time necessary to complete the leadership training.
   * The availability of suitable facilities and departmental support for applicant to achieve goal.
   * The agreement to return all unused funds if the applicant fails to complete his/her leadership training in the following 24 months.

# Mentor/Mentee Letter

# Jointly written and signed by the Mentee and Mentor.

# Describe the mentor and mentee relationship and the importance of such a relationship.

# Explain the mentee’s career goals and the mentor’s role in facilitating the mentee’s career development.

**Budget**

1. **The budget should outline:**
   * All proposed expenditures for the leadership project.
   * Amount and breakdown for specific items requested from the scholarship.
   * Amount and breakdown for specific items provided by the institution as matching funds.

# The budget may include support for educational leadership courses, travel, lodging, and other expenses related to the leadership activities. Other costs must be itemized and justified.

1. **No part of the grant may be used for salary support of the applicant.**

**Leadership Plan**

Pages should be double spaced, in 12 pt. font. Sections 1-4 must not exceed 5 total pages (not including references).

The award supplies the applicant with funding to attend an educational course. Funding is not intended to help fund a leadership project. For instance, the recipient receives funding to attend the ASA program in practice management, not to create a clinical service at their institution. The clinical service would be a by-product of the leadership skills obtained – not the object of the award. The “Leadership Education Opportunity” section of the application is where the applicant should focus their efforts.

# Background

* + Provide a concise summary of the applicant’s educational and leadership activities.

# Future Goals

* + Provide one, five, and ten year educational and leadership goals from the date of application as applicable.

# Leadership Education Opportunity

* + Indicate the specific educational opportunity the applicant wants to participate in (Examples are listed in the appendix below). The appendix is provided to help guide the applicant toward suitable programs but is not meant to be all-inclusive. The applicant is encouraged to find or create a program that best matches their needs.
  + Provide a full description of the educational opportunity chosen including location, sponsoring institution, length of the course, content of the course, timing of the course and either a brochure or website for the course.
  + Explain how this educational opportunity assists the applicant in becoming a better leader and specifically helps them accomplish their one, five, and ten-year leadership goals.

# Leadership Project

* + Provide a description of a leadership position the applicant currently holds or a leadership project the applicant is developing and how this educational grant will assist the applicant. Provide 12–24-month goals to be accomplished if the applicant is awarded the grant.

# Other Requirements

At twelve and twenty-four months (if applicable) from the grant inception date a report on the success of achieving the goals above will be due to SCA Kaplan Leadership Development Award Committee Co-Chairs.

# Grant Submission Information

Please submit your application to mary@veritasamc.com. The application must be submitted in PDF format **no later than 11:59 pm Central, Sunday, January 18, 2026**. The grant period of 24 consecutive months can begin on any date from July 1 to Dec 31 of the year in which it is granted. Grants are funded by the SCA Endowment and administered through the SCA.

# Questions about the grant and grant applications should be e-mailed to: operations@scahq.org

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AI-generated content may be incorrect.**

**2026 Kaplan Leadership Development Award Title Page**

|  |  |
| --- | --- |
| **Award Information** | |
| **Title for Leadership**  **Project:** |  |
| **Proposed Starting Date:** |  |

|  |  |
| --- | --- |
| **Applicant Information** | |
| **Name:** |  |
| **Institution:** |  |
| **Academic Degrees:** |  |
| **Faculty Rank:** |  |

|  |  |
| --- | --- |
| **Sponsoring Institution Information** | |
| **Responsible Department Chief or**  **Chair:** |  |
| **Name:** |  |
| **Email Address:** |  |
| **Phone**  **Number:** |  |
|  | |
| **Responsible**  **Financial Officer:** |  |
| **Name:** |  |
| **Address:** |  |
| **Email**  **Address:** |  |
| **Phone Number:** |  |