

OVERALL AWARD

APPLICATIONS ARE DUE APRIL 1, AND CAN BE SUBMITTED ELECTRONICALLY VIA EMAIL TO POE@AAFP.ORG. YOU MUST USE THIS TEMPLATE FOR YOUR APPLICATION. Please fill in the following:

1.	Medical School Name:
2.	FMIG Name:
3.	O Main Campus or O Regionally Separated (branch) campus
	a: If regionally separated (branch) campus, name:
4.	Number of students in your medical school:
	a: If your campus is a regionally separated (branch) campus, number of students on your campus:
5.	Number of active FMIG members:
6.	Number of students serving in FMIG leadership positions:
7.	Check all that apply:
	☐ Our school does not have a department of family medicine.
	☐ Our FMIG has minimal support from our state chapter.
	☐ Our school has minimal faculty support (i.e. from Dean, Dept. Chair, etc.).
8.	Has your FMIG applied for this award in the past: O YES O NO
9.	Has your FMIG won this award in the past: O YES O NO
Со	ntact information:
10.	Primary Student Leader Name:
11.	Primary Student Leader Email Address:
12.	Primary Student Leader Phone:
13.	FMIG Faculty Advisor Name(s):
14.	FMIG Faculty Advisor Email Address:
15.	FMIG Faculty Advisor Phone:
16.	Institutional Mailing Address:



CONTINUED

FMIG OPERATION

Please answer the following three questions to describe your FMIG's structure and approach to operation. These questions will help describe the environment and provide the background for the programming/initiatives/projects section of the application.

17. How is your FMIG structured? What roles do student leaders play?

FMIG PROGRAMMING, INITIATIVES, AND PROJECTS

In this section of the application, please describe your FMIG programming. Each block of questions should reflect one program, initiative, or project. In total, you may submit eight programs, initiatives, or projects, meaning that you may fill out the block of questions up to eight times total to reflect up to eight individual programs, initiatives, or projects.

While there is an eight program/initiative/project maximum, there is NO MINIMUM. You are not required to fill out eight separate entries. Certain programs can be combined into one entry. For example, National Primary Care Week Celebration can be one programming entry, and you can describe the week's activities and how they fit into that initiative.

Questions during the application process can be directed to Sam Carlson at poe@aafp.org or (913) 906-6000, ext. 6722.

PROGRAM/PROJECT/INITIATIVE 1

Activities, or other collaborations with primary care interest groups.

Title of FMIG event, project, or initiative:	
Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
 Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project. 	erning with your selections. Chosen categories should strongly apply to
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 □ New event for this FMIG. □ Significant changes/improvement made on an existing FMIG program
☐ Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce, National Primary Care Week	☐ Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.): ☐ Other:

PROGRAM/PROJECT/INITIATIVE 2

Title of FMIG event, project, or initiative:		
• Date(s) and time(s) held:		
umber of students/student work hours it took to organize:		
Number of students who participated:		
 Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project. 	erning with your selections. Chosen categories should strongly apply to	
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PROGRAM/PROJECT/INITIATIVE 3

Title of FMIG event, project, or initiative:	
• Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
 Choose the categories that apply. Please choose all that apply, but be d your program/initiative/project. 	iscerning with your selections. Chosen categories should strongly apply to
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PROGRAM/PROJECT/INITIATIVE 4

Title of FMIG event, project, or initiative:	
• Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
 Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project. 	erning with your selections. Chosen categories should strongly apply to
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members.	☐ Current issues or innovations in family medicine.
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	group, etc.):
	Other:

PROGRAM/PROJECT/INITIATIVE 5

Title of FMIG event, project, or initiative:	
• Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
 Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project. 	erning with your selections. Chosen categories should strongly apply to
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	Other:

PROGRAM/PROJECT/INITIATIVE 6

Title of FMIG event, project, or initiative:	
• Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
 Choose the categories that apply. Please choose all that apply, but be d your program/initiative/project. 	iscerning with your selections. Chosen categories should strongly apply to
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PROGRAM/PROJECT/INITIATIVE 7

Title of FMIG event, project, or initiative:	
• Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
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	group, etc.):
	Other:

PROGRAM/PROJECT/INITIATIVE 8	
Title of FMIG event, project, or initiative:	
Date(s) and time(s) held:	
Number of students/student work hours it took to organize:	
Number of students who participated:	
• Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.	
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
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• Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

Other:___

medical home, primary care workforce, National Primary Care Week

Activities, or other collaborations with primary care interest groups.