



2017 Application for Family Medicine Advocacy Summit Student & Resident Scholarship

Name _____ Current Degree _____

Home Address _____

City _____ State _____ Zip _____

Home telephone _____ Email address _____

Residency program _____ Program Director _____

Residency telephone _____ Residency fax _____

Resident year **as of 03/17** (circle one) **PG 1** **PG 2** **PG 3**

Student Program _____ Advisor _____

Program telephone _____ Program fax _____

Student year **as of 03/17** (circle one) **1** **2** **3** **4**

Are you a member of the AAFP? **Yes** **No**

Chapter _____ Executive Director _____

Please provide the information requested below: (Attach a separate page if needed)

1. Are you active in health policy activities with your state constituent chapter? If yes, please explain what activities you are involved in and why you are interested in these activities.

2. What legislative issues do you believe most affect family physicians?

3. What do you hope to gain by attending the Family Medicine Advocacy Summit?

4. How did you learn about the scholarship opportunity? _____

Please submit application and CV electronically or by mail no later than February 10, 2017 to Lorlita Alexander, American Academy of Family Physicians, 1133 Connecticut Avenue, Suite 1100, NW, Washington, DC 20036 lalexander@aafp.org