

# Application for Funding

## AAFP & AAFP Foundation FMIG Network Funding Initiative

[fmigfunding@aafp.org](mailto:fmigfunding@aafp.org)

### INSTRUCTIONS

Please complete the following to apply for grant funds from the AAFP & AAFP Foundation FMIG Network Funding Initiative. **Mail all application materials in one envelope to the address at the bottom of this form. Please do not submit via email or fax.**

\*FMIG name: \_\_\_\_\_

Medical school: \_\_\_\_\_

Regional Campus  
(if applicable): \_\_\_\_\_

FMIG student leader primary contact:  
\_\_\_\_\_

FMIG student leader primary contact email address:  
\_\_\_\_\_

FMIG faculty advisor primary contact:  
\_\_\_\_\_

FMIG faculty advisor primary contact email address:  
\_\_\_\_\_

FMIG faculty advisor signature:  
\_\_\_\_\_

Make check payable to:  
\_\_\_\_\_

\*\*Tax Identification Number: \_\_\_\_\_

Mail check to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be eligible for \$600, the following criteria must be fulfilled by **December 9, 2016**, using the application materials and surveys provided at [aafp.org/fmigfunding](http://aafp.org/fmigfunding). Please check all completed criteria.

- \*\*\*Recognized as an established student interest group by an LCME-accredited medical school.
- Completed the campus FMIG activity survey at <https://nf.aafp.org/NoviSurvey/n/fmig.aspx>.
- Presented at least one program or completed a project addressing at least one of the following. Check all that apply:
  - What is family medicine?
  - Innovations in family medicine (e.g., PCMH)
  - Project serving community need or addressing advocacy
- Submitted required program evaluation summary form.
- Submitted participant evaluations for one of the above-listed programs or projects.
- Application signed by your AAFP state or constituency chapter before submitting to the AAFP Medical Education Division. For a list of chapter contacts, see <https://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory>.

### TO BE COMPLETED BY YOUR STATE OR CONSTITUENCY CHAPTER.

**AAFP Chapter contact:**  
\_\_\_\_\_

**Email address:**  
\_\_\_\_\_

- I verify that all funds provided by this grant will be used to provide financial support to the above named family medicine interest group.

\_\_\_\_\_  
AAFP Chapter staff signature

The following criterion is to be completed after funding is provided to reflect activity during the entire academic year. A reminder will be sent to all applicants in the spring of 2017.

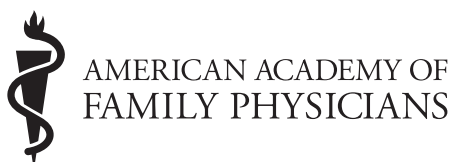
- Completed online community service survey by May 31, 2017.

\* **WWAMI Region** — Please specify state.

\*\* For more information, visit [aafp.org/fmigfunding](http://aafp.org/fmigfunding)

\*\*\* **Family Medicine Interest Groups at accredited Osteopathic and Canadian medical schools are NOT eligible to apply.**

**Other questions, please contact Mary Harwerth at [fmigfunding@aafp.org](mailto:fmigfunding@aafp.org).**



**Mail completed application materials to:**

American Academy of Family Physicians  
Medical Education Division  
Attn: Mary Harwerth  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2680

