



Minority Scholarship Program for Residents and Students

\$600 Scholarship Opportunity

Deadline: May 1, 2012

July 26 – 28, 2012

Kansas City, Missouri

This award recognizes minority residents and students who are interested in pursuing a career in family medicine. The \$600 scholarship is intended to help reduce out-of-pocket expenses (registration, travel, lodging, meals) to attend National Conference.

Minority status is defined by race as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and by ethnicity as Hispanic or Latino.

Eligibility:

A member of the American Academy of Family Physicians
In good standing at your program/school
Must not be a past recipient of this award

Rules and Regulations:

Application and essay must be received via fax, e-mail or postmarked no later than May 1. Winners will be selected by a panel of judges and notified on May 31. You may only apply for one NC scholarship award annually. Scholarships will be awarded on site. If you are unable to attend the conference, your scholarship will be forfeited.

Essay:

Answer in 500 words or less (one typewritten page):

What challenges and opportunities do you see for family medicine's future?

AAFP Membership #: _____

Resident Student

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Residency Program/Medical School: _____

Year in Training as of July 2012: PGY1 PGY2 PGY3 M1 M2 M3 M4

Have you attended previous National Conferences? Yes No

Will you be receiving other funding to attend National Conference? Yes No

Signature: _____

Verification of Eligibility (to be completed by the residency program director **or** dean or department chair of the medical school):

I verify that this applicant is a minority resident or medical student in good standing at this program/medical school and does represent an ethnic minority (please indicate below).

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other

Name: _____ (please print) Title: _____

Signature: _____

Return to:

American Academy of Family Physicians, Attn: Ashley Jungles, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211 or fax to 913-906-6289. Questions? Contact Ashley Jungles at (800) 274-2237, Ext. 6726 or ajungles@aafp.org.