



### 2019 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 03/19 (circle one)**      **PG①**      **PG②**      **PG③**

Student Program \_\_\_\_\_ Advisor \_\_\_\_\_

Program telephone \_\_\_\_\_ Program fax \_\_\_\_\_

**Student year as of 03/19 (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 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?

**Submit application and CV electronically or by mail no later than February 8, 2019**

Send to Lorlita Alexander, American Academy of Family Physicians, 1133 Connecticut Avenue, Suite 1100, NW, Washington, DC 20036 or [lalexander@aafp.org](mailto:lalexander@aafp.org)