



**FAMILY
MEDICINE
LEADS
SCHOLARSHIPS**

American Academy of Family Physicians Foundation

**National Conference
July 28-30, 2016**

***FML Scholarship
Agreement***
Deadline: June 13, 2016

PLEASE CHECK EACH ITEM BELOW AS CONFIRMATION YOU HAVE READ, UNDERSTAND, AND ACCEPT EACH REQUIREMENT AS A CONDITION OF SCHOLARSHIP:

- I understand, in order to accept my *Family Medicine Leads Scholarship* at the 2016 National Conference of Family Medicine Residents and Medical Students, I must register for, and attend the entire Conference. If I am unable to attend the Conference, my eligibility for receiving the scholarship is forfeited.
- I understand, in order to process the payment for the *Family Medicine Leads Scholarship*, I need to complete, sign, and return an IRS W-9 form with this Agreement.
- I understand I will receive my scholarship award from the AAFP Foundation booth at National Conference.
- I agree to attend the following *FML Scholarship* recognition events:
 - Opening Main Stage Session on Thursday morning, July 28
 - Large group photo directly following Main Stage Session on Friday morning, July 29
- I agree to provide a formal letter of thanks to a *Family Medicine Leads Scholarship* donor.
- I have read and have checked each of these requirements as an indication of my understanding and agreement to fully comply with each and every requirement as a condition of my receiving a *Family Medicine Leads Scholarship*.

Printed Name: _____

Signature: _____

Date: _____
(MM / DD / YY)

Please return this form by *June 13, 2016* to:

Amy Mulligan Kennedy
Email: akennedy@aafp.org
FAX: (913) 906-6289