



Family Medicine Interest Group (FMIG) Leadership Award

\$600 Scholarship Opportunity

Deadline: May 1, 2009

July 30 – August 1, 2009

Kansas City, Missouri

This award recognizes medical students for their outstanding contributions to their FMIGs, medical schools, and family medicine. AAFP will award up to 10 scholarships in this category. The purpose of this award is to provide funding to FMIG leaders who do not have access to funds to attend National Conference. Students from the same school are encouraged to work together in filling out the application. Award applicants are not limited to FMIG presidents/coordinators or other elected leaders. Students who are recognized for developing and orchestrating individual FMIG projects, especially new and innovative FMIG activities, are encouraged to apply.

Eligibility:

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

Rules and Regulations:

Application and supporting documents must be received via fax, e-mail or postmarked no later than May 1. Winners will be notified on May 29. You may only apply for one NC scholarship award annually. Scholarships will be awarded onsite. If you are unable to attend the conference, your scholarship will be forfeited.

Essay:

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

- (1) One FMIG project, including your role in the activity, and how you exhibit leadership at your school**
- (2) Your reasons for wanting to attend National Conference**

AAFP Membership #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Medical School: _____ Name of FMIG: _____

Current Position: _____ Prior Position: _____

Current Year in Training as of July 2009: M1 M2 M3 M4

I verify that all information in this application is correct. I realize that, if chosen to receive this award, I will be expected to attend the 2009 National Conference, held July 30 – August 1, 2009, in Kansas City, Missouri. In addition, I agree to attend the FMIG workshop sessions, the FMIG Networking Breakfast, and other related sessions and activities and to submit a report on my participation in and assessment of these events within three weeks of attending National Conference.

Signature: _____ Date: _____

Verification of Eligibility (to be completed by the FMIG Faculty Advisor):

I verify that this applicant is a medical student in good standing at this medical school.

Name: _____ (please print) Title: _____

Signature: _____

Return to:

American Academy of Family Physicians, Attn: Ashley DeVilbiss, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211 or fax to 913-906-6289. Questions? Contact Ashley DeVilbiss at (800) 274-2237, Ext. 6722 or adevilbi@aafp.org.