



**Conference Travel Award**  
Scholarship Opportunity  
**Family Medicine Conference**  
Residents and Medical Students

This award provides a unique opportunity for family medicine residents or medical students to attend a national family medicine conference. A scholarship of **up to** \$1,000 may be awarded to help reduce out-of-pocket expenses (registration, travel, lodging and meals) associated with attending the conference.

**Eligibility:**

- A member of the American Academy of Family Physicians
- A resident or medical student in good standing at your school
- Attending a national family medicine conference for the first time

**Essay:**

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

- (1) Your interest in family medicine; and**
- (2) Explain how attending this conference will enhance your ability to practice family medicine in Mississippi.**

**Application and essay must be received via fax or email no later than 14 days prior to the early bird registration deadline for the conference.**

Winners will be selected by a panel of judges and notified prior to the last day of early bird registration for the conference. Up to \$1,000 will be awarded to defray costs to attend a national conference. If selected, you will be reimbursed for your expenses after attending the conference pending a report of your visit (one typewritten page).

**Rules and Regulations:**

AAFP Membership #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical School: \_\_\_\_\_

Year in Training:  Year1  Year2  Year3  Year4  PGY1  PGY2  PGY3

**NOTE:** Preference will be given to medical students with a classification of Year 2 or Year 3 at the time of the conference.

Have you applied for or received a scholarship to attend the conference through another organization? If yes, please indicate the organization where you submitted your application and the amount of the scholarship you were awarded.

Signature: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

**Return all materials to:**

MS Academy of Family Physicians Foundation, Attn: Kay-Lynn Meador- Fax: 601-853-3002 or email: kaylynn@msafp.org  
Questions? Contact Kay-Lynn Meador at (601) 853-3302.