

The Mississippi Academy of Family Physicians Foundation  
2019 David G. Hall, M.D. Memorial Scholarship

“The Family Physician: Providing Your Medical Home”  
500-word essay entry for high school seniors

**Theme:** *Describe the impact of a Family Physician in your life or the life of your family and/or the role of the Family Physician in your community. In what ways do Family Physicians strengthen the various aspects of the community?*

**Official Contest Rules**

**1. How to Enter:**

Submit your essay, completed application, list of accomplishments and official transcript to:

**MAFP Foundation  
755 Avignon Drive  
Ridgeland, MS 39157**

Your application must be postmarked no later than **Friday, March 1st, 2019**. Applications will **NOT** be accepted via email. Use blue or black ink when filling out the application. **You must also have your school counselor send a copy of your sealed official school transcript.**

- 2. Your Essay:** Your essay should be no longer than 500 words, typed and double spaced. Please do not put your name on the essay.
- 3. Eligibility:** The Essay Contest is open to all Mississippi seniors who have an aptitude in the sciences and an interest in pursuing a career in the field of medicine.
- 4. To Avoid Disqualification:** If you write about a particular physician, please ensure that your essay is written about a family physician - NOT a pediatrician, internist, nurse practitioner, dentist, etc. **What is a Family Physician?** Family medicine is a medical specialty devoted to comprehensive health care for people of all ages; the specialist is named a family physician, family doctor, or family practitioner. **To determine if a physician is a family physician, search for him/her on the internet and review his/her qualifications and certifications.** Your essay should not be longer than 500 words and should be grammatically correct. You must have your school submit a copy of your official transcript in a sealed envelope.
- 5. Prizes:** The Mississippi Academy of Family Physicians Foundation will donate up to \$500 of scholarship monies to Mississippi seniors this school year.
- 6. Selection:** Scholarship recipients will be announced by Wednesday, May 1, 2019, by mail. School counselors will also be notified by mail and email.
- 7. Questions:** Contact Kay-Lynn Meador at 601-853-3302 or [kaylynn@msafp.org](mailto:kaylynn@msafp.org)

**Judging Criteria**

**Theme: Understanding of the Issue: (0 to 30 points)**

An outstanding essay will demonstrate that the student understands and has conducted research on the topic. Was the topic addressed as outlined in the explanation? Was the theme carried throughout the essay?

**Content: Originality in Approach and Treatment of the Topic: (0 to 30 points)**

Essays should display students' abilities to thoughtfully argue their points and develop their own ideas. Does the essay show learning on the part of the student? Does the information presented suit the title?

**Quality of Writing: (0 to 30 points)**

Essays should be grammatically correct and accurate in terms of spelling and word usage. Essay should present information in a clear and logical manner. Does the essay show originality of thought and/or presentation?

**Adherence to Format and Length Rules: (0-10 points)**

Essays must be approximately 500 words, typed and double spaced.

**Mississippi Academy of Family Physicians Foundation**

755 Avignon Drive, Ridgeland, MS 39157  
601-853-3302 (Office) 601-853-3002 (Fax)

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***500-word essay entry for high school seniors***

***“Describe the impact of a Family Physician in your life or the life of your family and/or the role of the Family Physician in your community. In what ways do Family Physicians strengthen the various aspects of the community?”***

Student’s Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Rank in Senior Class: \_\_\_\_\_ of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_

Student’s Home Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email: \_\_\_\_\_

Anticipated College Major: \_\_\_\_\_

\*\*\*\*\*

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

School Counselor or Contact Person: \_\_\_\_\_

School Contact’s Email \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ School Phone No.: \_\_\_\_\_

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Local Newspaper: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

***\* Please make sure your school counselor sends a copy of your transcript. Your application will not be complete until the transcript is received.***