



Family Medicine Conference
Travel Scholarship
for
Family Medicine 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/Mississippi Academy of Family Physicians
A resident or medical student in good standing
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.

Rules and Regulations:

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).

AAFP Membership #: Hometown (City, State):

Name:

Mailing Address:

City: State: Zip:

Facebook, Twitter, Instagram Handles:

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, or director of the residency program): I verify that this applicant is a resident or medical student in good standing.

Name: (please print) Title:

Signature:

Return all materials to: MS Academy of Family Physicians Foundation. Fax: 601-853-3002 or email: kristen@msafp.org. Questions? Call MAFP at (601) 853-3302.