



AAFP FAMILY MEDICINE ADVOCACY SUMMIT 2018 APPLICATION FOR STUDENT SCHOLARSHIP

DEADLINE: FEBRUARY 9, 2018

AAFP Family Medicine Advocacy Summit

2018 Dates/Location: Mon., May 21 – Tues., May 22, Washington D.C.

In two days, learn about the legislative process, current priorities for family medicine, and meet with members of Washington's congressional delegation.

The WAFP Foundation will award up to \$1,500 to support one student to attend the AAFP Family Medicine Advocacy Summit. Receipt of the scholarship obligates the student to attend lectures, workshops and meetings on Capitol Hill. In addition, the scholarship recipient must submit a letter summarizing his/her experience along with the WAFP reimbursement form and original receipts.

Application process:

- Complete the form below
- Answer essay question on the back of this page
- Sign attestation statement at bottom
- Submit a signed Academic Recommendation Form ([download online](#))

Please return completed application to the WAFP office. You may submit the application by email to info@wafp.net, by fax to 425-747-3109, or by mail to: 1239 120th Ave. NE, Suite G, Bellevue, WA 98005

Student Name _____

Street Address _____

City _____ State/Zip _____

Phone _____ AAFP ID# _____

E-mail _____

Medical School: _____ First-year Campus: _____

(circle one): MS1 OMS1 MS2 OMS2 MS3 OMS3 MS4 OMS4

Please provide the information requested below: *(Attach a separate page if needed)*

1. Are you active in health policy activities with WAFP/AAFP? If yes, please explain what activities you are involved in and why you are interested in them.

2. What federal legislative issues do you believe most affect family physicians and their patients, and why?

3. What do you hope to gain from attending the Family Medicine Advocacy Summit?

4. How did you learn about the scholarship opportunity?

WAFP Membership & Attestation Requirement *(Please check each attestation box and sign at the bottom.)*
To be considered for WAFP Foundation scholarships, stipends or grants, the applicant must be a student in good standing with his/her medical school and not on academic probation. Additionally, the applicant must be a student member of the WAFP/AAFP. All applicants must complete and sign the attestation statement below. For information on AAFP/WAFP membership benefits, click [here](#). To apply for membership, click [here](#).

It is the mission of the WAFP and WAFPF to foster the growth and development of family medicine in Washington state, particularly in rural and underserved areas. Candidates who are awarded a scholarship or stipend agree to the use of your medical specialty match information by WAFP/F solely for the purposes of monitoring the effectiveness of their programs. The information will be de-identified, and WAFP/F will ensure confidentiality.

Member in Good Standing

I attest that I am a student member of the AAFP/WAFP; in good standing with my medical school and not on academic probation.

Notification Obligation

If I become aware of any potential challenges to my student status, it is incumbent upon me to notify the WAFP president or EVP.

Release of Information

I hereby authorize my medical school (listed above) to disclose in good faith all information regarding my medical school graduation and match into residency specialty/program.

Print Full Name: _____

Signature: _____

Date: _____