



MISSISSIPPI ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

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 conf. for the first time
- If seeking to attend AAFP National Conference, must have already applied for the [AAFP Family Medicine Leads \\$600 scholarship](#), which has a deadline of May 1 each year - the recipients are notified by June 1 each year.

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:

Please indicate below what event you wish to attend. Application and essay must be received by the appropriate deadline below:

- AAFP National Conference** (deadline June 15 each year)
- ACFP Annual Convention** (deadline Feb. 1 each year)

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 can 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.