



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Medical School: _____

Year in Training as of July 2019: M1 ___ M2 ___ M3 ___ M4 ___

Candidates for student representatives must have participated in one OAFP activity.
Please list OAFP activity in which you have participated:

Are you currently serving, or have you served, on an OAFP committee/commission? Yes ___ No ___
If so, what committee/commission?

Have you attended previous National Conferences of Family Medicine Residents and Students?
Yes ___ No ___ If so when?

Have you served as a student delegate/alternate delegate to the OAFP Members Assembly?
Yes ___ No ___ If so when?

Are you interested in running for an elected national leadership position? (See attachment.)
Yes ___ No ___

Will you be receiving other funding to attend National Conference/Congress? Yes ___ No ___
(Please note: other funding received by selected delegate/alternate will be deducted from the OAFP Foundation scholarship.)

Statement (no more than one typewritten page) shall be provided with application form. Statement should include information about your interest in family medicine and why you wish to represent Ohio family medicine students as their delegate/alternate delegate to the National Congress of Family Medicine Student Members.

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

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

Name (please print): _____ Title: _____

Signature: _____ Date: _____

Deadline: Application, CV and statement must be received via email (kmcguffie@ohioafp.org);
fax: 614/267-9191; or by mail postmarked by **Monday, May 6, 2019** addressed to:
OAFP Foundation, Kaitlin McGuffie, 4075 North High St., Columbus, OH 43214