



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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Medical School: \_\_\_\_\_

Year in Training as of July 2021: M1 \_\_\_ M2 \_\_\_ M3 \_\_\_ M4 \_\_\_

Candidates for student representatives must have participated in at least 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 previously attended the National Conference 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 with AAFP? 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.

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**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 ([claudeman@ohioafp.org](mailto:claudeman@ohioafp.org)); fax: 614/267-9191; or by mail postmarked by **Monday, June 14, 2021** addressed to: OAFP Foundation, Caitlin Laudeman, 4075 North High St., Columbus, OH 43214