



OHIO ACADEMY OF  
FAMILY PHYSICIANS  
FOUNDATION

**Student Delegate Application**  
**National Congress of Student Members**  
**Kansas City, Missouri**  
**July 28-30, 2022**

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

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

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

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

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

Year in training as of July 2022: M2/OMSII \_\_\_ M3/OMSIII \_\_\_ M4/OMSIV \_\_\_

Candidates for student delegate must have participated in at least one OAFP activity. Please list any OAFP activities in which you have participated:

Are you currently serving, or have you served, on an OAFP committee/commission(s)? Yes \_\_\_ No \_\_\_  
If so, what committee/commission(s)?

Have you previously attended the National Conference of Family Medicine Residents and Students?  
Yes \_\_\_ No \_\_\_ If so when?

Have you previously served as a student delegate/alternate student delegate to the National Congress of Student Members?  
Yes \_\_\_ No \_\_\_ If so when?

Are you interested in running for an elected national leadership position? Yes \_\_\_ No \_\_\_

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

**Statement of Interest** (*no more than one typewritten page*) shall be provided with your application. The statement should include a short summary of your interest in family medicine and why you wish to represent Ohio medical students as their delegate to the National Congress of Student Members.

---

**Verification of Eligibility** (*to be completed by dean, department chair, or FMIG/SAACFP advisor*):

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

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline:** Your application, CV and Statement of Interest must be received by **Monday, May 9, 2022** via email ([claudeman@ohioafp.org](mailto:claudeman@ohioafp.org)); fax: (614) 267-9191; or by mail addressed to: OAFP Foundation, Caitlin Laudeman, 4075 North High St., Columbus, OH 43214