*The Washington Academy of Family Physicians Foundation dedicates a limited amount of funding each year to support medical students focused on rural and underserved service, and interested in attending national conferences on rural/underserved medicine.*

*Travel support Scholarships of up to $1,000 will be awarded based upon availability. Receipt of the support obligates the student to attend lectures, workshops, and meetings at the specified conference. In addition, the recipient must submit a letter summarizing his/her experience along with the WAFP reimbursement form and original receipts.*

***Please submit requests with complete application packet at least 30 days before the conference.***

**Application process:**

* Complete the form below
* Sign the attestation statement at bottom
* Submit a signed Academic Recommendation Form ([*download*](https://wafp.net/member-services/students/calendar/) )
* Submit a Letter of Recommendation from medical school faculty

Date of submission:

Name of student:       WAFP/AAFP Member ID#:

Mailing address:

City, State Zip:

Phone:       Email:

Medical School:

University of Washington  Pacific Northwest University of Health Sciences  A.T. Still University

First Year Campus:

Name/Location of Conference:

Date of Conference: Start date       End date

Budget:

1. Total estimated cost of attending conference $
2. Anticipated expenses by category (please be as detailed as possible)

|  |  |
| --- | --- |
| Registration | $ |
| Lodging | $ |
| Meals | $ |
| Travel | $ |
|  | $ |
|  | $ |

1. Percentage of total costs requested      %
2. Other funding applied for $        
   (list sources):
3. Other funding secured $        
   (list sources):
4. In-kind support $

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

1. Are you actively serving rural/underserved communities through the WAFP/AAFP? If yes, please explain what programs or activities you are involved in and why you are interested in them.

1. What issues do you believe most affect family physicians and their rural/underserved patients, and why?

1. What do you hope to gain from attending the       conference?

1. 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 a candidate for WAFP leadership positions, or 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***](https://wafp.net/member-services/students/)***.*** *To apply for membership, click* [***here***](http://www.aafp.org/about/membership/join/student.html)***.***

*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 elected/appointed to a WAFP or WAFP Foundation leadership position, or 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:

***Return nomination packets to Washington Academy of Family Physicians Foundation:***

*Email (preferred):* [*info@wafp.net*](mailto:info@wafp.net) *Fax: 425-747-3109*

*Mail: 1239 – 120th Avenue NE, Suite G, Bellevue, WA 98005*