



**Oregon Residency Collaborative Alliance for  
Family Medicine**

Application for 2026 – 27 Oregon Policy Scholars

Name \_\_\_\_\_ Date \_\_\_\_\_  
Medical School or Residency \_\_\_\_\_  
Type of Applicant      Medical Student                      FM Resident                      Faculty  
Program Year                                      Anticipated Completion Date  
Email    Cell Phone

Please write a brief (100 – 200 words) bio and interest statement below. Let us know who you are and why advocacy is important to you.

What issues are of most interest to you?

Application Deadline: September 1, 2026.

Submit by email to [Louisem@oafp.org](mailto:Louisem@oafp.org)

## **Residency Director Approval**

In order for you to participate in this program, approval must be gained from the Residency Director of the program in which you are presently registered.

Applicant's Name

Residency Program Director

I give my consent for the applicant to participate in the 26-27 Policy Scholars Program.

Residency Director, please use this space to elaborate on any information you feel is pertinent to this application.

Signature

Date