



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, 2025.

Submit by email to 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 24-25 Policy Scholars Program.

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

Signature

Date