

Oregon Residency Collaborative Alliance for Family Medicine Application for 2025-26 Oregon Policy Scholars

Name			Date		
Medical School or Residency					
Type of Applicant	\square Medical Student	☐ FM Resid	dent	☐ Faculty	
Program Year		Anticipated Completion	Date		
Email			Cell Phone _		
	100 – 200 words) bio and what issues are most impo		. Let us know v	who are, why advocacy is of	
What issues are of m	nost 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 25-26 Policy Scholars Prog	gram.
If you feel that additional information is pertinent to this application, please use the	space below to elaborate:
Signature	Date