**Outstanding Graduate Medical Student (OGMS)**



**Scholarship Application**

**FAFP & FAFP Foundation**

**ahuff@fafp.org**

**CRITERIA**: Outstanding Graduate Medical Student (OGMS) awards are intended to honor fourth-year graduate medical students who have exemplified excellent throughout medical school and have expressed a desire to match in family medicine.

**AMOUNT**: Up to $500 annually can be requested by any Florida allopathic medical school, with only the amount matched by the medical school being granted. Only fourth-year medical students will be eligible to receive the award and the student must be an AAFP/FAFP member.

**INSTRUCTIONS:** Please complete the following to apply for OGMS Awards from the FAFP and FAFP Foundation. Please provide all application materials via email to ahuff@fafp.org via fax at (904) 726-0923 at least 45 days prior to the event. For questions, please contact Ashleigh Huff, FAFP Director of Internal Affairs at (904) 726-0944.

**Student AAFP ID:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Faculty Advisor Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Advisor Contact Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Advisor Approval (Signature):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Scholarship Amount (up to $500):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make Check Payable to:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Posted on Check:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail Check to (address):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*Tax/SSN Identification Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Internal Revenue Service (IRS) requires that we collect the Tax Identification Number (also known as Employer Identification Number) from each organization that we write a check to. If you have the check made payable to an individual (instead of your school), you'll need to provide a* [***W-9 form (www.irs.gov)***](http://www.irs.gov/pub/irs-pdf/fw9.pdf)*(PDF).*

**Florida Academy of Family Physicians (FAFP)**

Attn: Ashleigh Huff, FAFP Director of Internal Affairs

13241 Bartram Park Boulevard, Unit 1321

Jacksonville, FL 32258

Phone: (904) 726-0944 Fax: (904) 726-0923

FAFP Official Use:

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Email: ahuff@fafp.org