

[www.familydocs.org/AMAM](http://www.familydocs.org/AMAM)

RESIDENT AND MEDICAL STUDENT SCHOLARSHIP APPLICATION

Name:

AAFP Membership number: application pending

Address:

City: State: Zip:

E-Mail: Phone:

Name of Residency Program or Medical School:

Program Year: Medical School Year:

Number of past years as a conference attendee:

To apply for the Los Angeles County chapter scholarship:

√ Submit a completed application

√ Attach current CV

√ Submit a 200-word essay declaring your future plans in

family medicine and your interest in attending the AMAM

√ Submit a letter of reference from a LAAFP family physician member

*The 2025 scholarship amount is $600 for in-person attendance.*

*The amount will be reduced to $100 if the meeting moves to an electronic platform.*

*Please disclose if you have applied for or received a scholarship from the AAFP or CAFP.*

**Please submit your completed application by March 3, 2025**

Email application documents to: [laafp@familydocs.org](mailto:laafp@familydocs.org)

QUESTIONS? Please contact Joe Kuns, Executive Director, LAAFP at the above email.