

# APPLICATION FOR THE SANDRA L. PANTHER FELLOWSHIP

**IN THE HISTORY OF FAMILY MEDICINE**

## DEADLINE FOR APPLICATION: MARCH 31ST, 5:00 P.M. (CDT)

***Please place your cursor in the grey box and type your answer. The box will automatically expand as you type. Or, print form and write legibly in the space provided.***

## Name of Applicant:

**Mailing Address**:

**Telephone:**

**Fax:**

**E-mail:**

**Current Professional Activity:**

**Name of Research Project:**

**Medium (Please check all that apply):**

[ ] **Paper (article, book, etc.)**

[ ] **CD/DVD**

[ ] **Oral History Video**

[ ] **PowerPoint or other multimedia presentation Artwork**

[ ] **Other (Please specify:**  **)**

**Have you contacted Center staff or reviewed our online catalog for information regarding your project?**

[ ] **Yes**

[ ] **No**

**How did you hear about the Fellowship? (Please heck all that apply):**

[ ]  **Through the Center’s web site**

[ ]  **By surfing the Internet**

[ ]  **From a family medicine or other professional organization/publication**

 **(Please specify:**  **)**

[ ]  **Other (Please specify:**   **)**

**I certify that all information given in this application is true and complete to the best of my knowledge, and agree to abide by all rules and policies governing the Fellowship. Furthermore, I confirm that if awarded the Fellowship, all funds received from the AAFP Foundation will be used solely for the purposes as outlined in the AAFP Foundation Reimbursement Policy.**

 **Signature of Applicant**

 **Date**

**PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:**

1. A current Curriculum Vitae (no more than 3 pages in length) including education, employment history, and list of most recent publications
2. One (1) letter of support from your department chair, supervisor, or a senior colleague
3. A brief description of your research project (no more than 2 pages in length), including the following:
	1. Title of your project
	2. A brief description of the objective of the project
	3. Reasons for undertaking this study
	4. Proposed research timeline and budget with estimated expenses and justifications

## Submission of materials:

All submissions and attachments must be in electronic (either Microsoft Word or Adobe PDF) format. Please email your materials as attachments to: chfm@aafp.org

If you have any questions or need additional information, please contact:

Don Ivey, MPA Manager

Center for the History of Family Medicine 11400 Tomahawk Creek Parkway Leawood, KS 66211

Telephone: (800) 274-2237, ext. 6007

Fax: (913) 906-6095

Email: chfm@aafp.org