



## Family Medicine Interest Group Funding Initiative APPLICATION

As a Michigan Family Medicine Interest Group (FMIG), you are invited to complete the following application to apply for grant funding from the Michigan Academy of Family Physicians (MAFP) Foundation for the current academic year. **The completed application should be submitted to MAFP Headquarters no later than November 15.** Funds are awarded on a first-come, first-served basis. Requests are not guaranteed.

### MEDICAL SCHOOL INFORMATION

FMIG Name: \_\_\_\_\_

Medical School Name: \_\_\_\_\_

This FMIG is located at:    Main Campus    Branch Campus    Other: \_\_\_\_\_

Name of Branch Campus (if applicable): \_\_\_\_\_

FMIG Website: \_\_\_\_\_

Amount of Funding Requested from the MAFP Foundation: \$ \_\_\_\_\_

### FMIG PRIMARY FACULTY ADVISOR – PHYSICIAN

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Years Serving as Faculty Advisor: \_\_\_\_\_ AAFP/MAFP Member:    Yes    No

### FMIG FACULTY ADVISOR/SUPPORT STAFF – NON-PHYSICIAN

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Years Serving as Faculty Advisor/Support Staff: \_\_\_\_\_

### FMIG PRIMARY STUDENT LEADER

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical School Class Year: \_\_\_\_\_ AAFP/MAFP Member:    Yes    No

Start of Leadership Term (mm/yyyy): \_\_\_\_\_ End of Leadership Term (mm/yyyy): \_\_\_\_\_

*If additional leaders have been selected for the FMIG, please include their information on Attachment A.*





**FMIG ADDITIONAL STUDENT LEADERS**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical School Class Year: \_\_\_\_\_ AAFP/MAFP Member: Yes No

Start of Leadership Term (mm/yyyy): \_\_\_\_\_ End of Leadership Term (mm/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical School Class Year: \_\_\_\_\_ AAFP/MAFP Member: Yes No

Start of Leadership Term (mm/yyyy): \_\_\_\_\_ End of Leadership Term (mm/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical School Class Year: \_\_\_\_\_ AAFP/MAFP Member: Yes No

Start of Leadership Term (mm/yyyy): \_\_\_\_\_ End of Leadership Term (mm/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical School Class Year: \_\_\_\_\_ AAFP/MAFP Member: Yes No

Start of Leadership Term (mm/yyyy): \_\_\_\_\_ End of Leadership Term (mm/yyyy): \_\_\_\_\_