**APPLICATION FORM**

**FRIEDMAN-BOWEN PRIMARY CARE SCHOLARSHIP FUND GRANT**

**CERTIFICATION PAGE**

**This page must be signed by the applicant and returned as the first page of the grant application.**

All the information provided is complete and accurate to the best of my knowledge. I hereby give the Minnesota Medical Association Foundation permission to share this information for the purposes of recruitment and public relations. I hereby certify that I am currently enrolled on a full-time basis in a medical school in Minnesota for the current academic year and will use the Minnesota Medical Association Foundation scholarship award toward the expenses described in this scholarship application. Falsification of information will result in termination of any award granted. All application materials become the property of the Minnesota Medical Association Foundation.

*Please sign and date below:*

Applicant Signature:

Applicant Name (print):

Date of Application:

**FRIEDMAN-BOWEN PRIMARY CARE SCHOLARSHIP FUND GRANT**

**APPLICANT AND PROJECT INFORMATION**

**To complete a grant application, please provide all the information requested below, and e-mail your completed application, including the signed certification page and letter of recommendation, to:** **kgloege@mnmed.org****. The application is due Thursday, October 26, 2023.**

APPLICANT INFORMATION

Name:

Address (city, state, ZIP):

E-mail addresses of all project team members:

Phone number of the project lead:

Newspaper to contact if awarded a scholarship: (optional)

Name of Medical School, Your Current Year & Expected Date of Graduation:

BASIC INFORMATION

Project Title:

Amount Requested:

Date Funds are Needed:

Describe if or how you will conduct the project if the Grant Selection Committee approves less than the requested amount:

PROJECT DESCRIPTION

Describe the project/research:

If applicable, describe the age, gender, ethnic background, educational level, geographic location, or other defining characteristics of the subjects or beneficiaries of the project:

Discuss the objective of the project or research:

State each of your proposed project goals:

What benchmarks will you measure:

How will you define the project’s overall success:

Define the project’s timeline:

Identify any project partners or key decision-makers involved in this project and include their roles and contributions to the project:

PROJECT BUDGET

Please provide a line-item budget for the project. Please note: the maximum scholarship award is $2,000 no matter the size of your budget.

LETTER OF RECOMMENDATION

Please submit one (1) letter of recommendation – preferably from a school official who can discuss your achievements, which may include scholarship, leadership or volunteerism, as well as your potential for future success.

 ***Thank you for completing this Friedman-Bowen Primary Care Scholarship Fund application form and for your interest in Minnesota Medical Association Foundation.***