**Alamo Chapter Medical Student Scholarship**

The Texas Academy of Family Physicians Alamo Chapter established this scholarship benefiting medical students who have an interest in family medicine.

Purpose: To encourage students with interest in Family Medicine to apply to FM Residency with San Antonio area. This is because about 60% of Family Medicine doctors stay and practice in the same area where they trained.

Eligibility Criteria:

1*.* Texas medical students who are in their fourth year with an interest in practicing family medicine

2. Student has been matched to one of the residency programs in San Antonio.

3. Is a member of TAFP and AAFP.

Selection:

1. Student meets the above eligibility criteria.

2. Completed application.

3. Letter of recommendation from a family physician.

4. Personal Statement.

Timeline

Deadline for submission of applications: May 31, 2025

Selection/notification of scholarship recipient June 13, 2025

**Alamo Chapter Medical Student Scholarship**

Application Form

(Please print or type)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Zip ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please briefly describe your plans for a career in family medicine:

2. Please provide a brief personal statement: (Include information such as where you are from, your family, educational background, interests, hobbies, etc. If you have one already prepared for residency applications, this can be attached instead.)

3. Have you been involved in the Family Medicine Interest Group?

\_\_\_\_\_\_Yes \_\_\_\_\_No

If yes, describe your participation.

4. Please provide the names and phone numbers of two physicians (one on campus, one off campus) whom we could contact to ask about you. If possible, provide the names of family physicians.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Telephone

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Telephone

Please note: A combination of factors (commitment to a career in family medicine, quality of personal statement, academic performance, faculty recommendations etc.) will be considered in selecting the recipient of this scholarship. We appreciate your interest in applying.

Texas Academy of Family Physicians Alamo Chapter

Contact: Samantha Montalvo

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