



# COLORADO ACADEMY OF FAMILY PHYSICIANS

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Colorado Academy of Family Physicians Student & Resident  
Scholarship Fund  
in Memory of Dr. Bob Brockmann

## Application for Funding for the AAFP National Conference of Medical Students and Family Medicine Residents

Please fill out the information below and email completed form to Raquel Rosen at  
[raquel@coloradoafp.org](mailto:raquel@coloradoafp.org)

Name

Email

Phone Number

Address

Name of Medical School/Residency

Year in Medical School/Residency

Please write a brief personal statement that describes your interest in Family Medicine and your future plans regarding Family Medicine.

Are you interested in serving as CAFP's student or resident delegate or alternate delegate at National Conference? Please note that being chosen as a delegate or alternate delegate **guarantees you at least partial funding to attend.**

For more information on serving as a delegate or alternate delegate [click here](#).

Yes

No

Please include at least one letter of recommendation from a faculty member or other family physician. There are no specific requirements for the letter, however, it should address why you are deserving of funding to attend the conference. Include the letter in your email with this nomination form.

Please list the name(s) of those providing letters of recommendation.

**Funding for National Conference can cover travel (airfare, taxis/Ubbers, hotel costs, meals not included in the conference) and conference registration costs. You may receive partial or full funding, depending on number of scholarship requests that are accepted.**