**Perry Post, MD Medical Student Scholarship**

The Texas Academy of Family Physicians (TAFP) Alamo Chapter established this scholarship in honor of Dr. Perry Post. Dr. Post was a past Family Physician of the Year and was a big advocate for rural medicine and community service. This award will benefit medical students who have an interest in family medicine and community service.

Purpose: To encourage students with interest in Family Medicine and rural medicine to participate in community service.

Eligibility Criteria:

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

2. Has engaged in community service

3. Has attended TAFP and/or Alamo chapter meetings

4. Membership in the Family Medicine Interest Group

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 community service?

\_\_\_\_\_\_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, 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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