

Tar Wars 2004 Tar Wars Coordinator Scholarship Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please identify your current level of participation from the following categories:

- State Coordinator
 - New
 - Returning
- AAFP Chapter/Foundation-Related
- Non-AAFP Chapter/Foundation-Related
- Family Physician
- Residency Program
- Medical School
- Non-Physician Health Care Professional
- Nurse
- Educator
- Other _____ (please specify)

Please answer the following **required** questions (use additional sheet if necessary):

1. How will your attendance at this leadership conference benefit your state or region's Tar Wars program?

2. State why you or your organization should be considered for a scholarship to attend the conference.

3. What do you hope to gain by attending the conference?

Additional attachments, such as letters of support or exhibits illustrating the applicant's contributions, are welcomed and limited to three pages. Please check the appropriate box:

- Yes, additional attachments are included
- No, additional attachments are NOT included

Applications should be submitted by **April 30, 2004**, to the following address: AAFP Tar Wars; Attn: Denice Posey; 11400 Tomahawk Creek Parkway; Leawood, KS 66211.

Applications may also be faxed to: AAFP Tar Wars; Attn: Denice Posey; 913-906-6099.

Please contact AAFP Tar Wars staff at (800) TAR-WARS if you need further assistance or have questions.

For Office Use Only

_____ Date Received