



The Delaware Academy of Family Physicians Research & Education Foundation

The philanthropic arm of the Delaware Academy of Family Physicians

2016 Platt Summer Fellowship Application

Application Date: _____

Full Name: _____

E-mail: _____

Mailing Address: _____

Preferred Phone: _____

What are your preferred dates for participating in the Fellowship? _____

Education: _____

Medical School: _____

Graduation Date (Medical): _____

Undergraduate School: _____

Graduation Date (Undergraduate): _____

Undergraduate Degree: BS / BA / Other

Undergraduate Field of Study: _____

Essay Questions

Instructions: Please answer both of the following questions and submit responses with the application.

1. *Why do you wish to be awarded the Platt Summer Fellowship?*
2. *Do you have an interest in Family and Community Medicine?*

Letters of Recommendation

Two letters of recommendation are required. Please submit both letters with your application. Applications are considered incomplete until both letters are received. Please address letters to Dr. James Gill, MD, MPH, FAAFP, President, DAFP-REF.

Return Instructions

The application deadline is Friday, May 13, 2016. Please send the completed form, essay questions, and letters of recommendation to dafp@delfamdoc.org with the subject line, *Platt Summer Fellowship*.