



# The Delaware Academy of Family Physicians Research & Education Foundation

*The philanthropic arm of the Delaware Academy of Family Physicians*

## 2019 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 17, 2019. Please send the completed form, essay questions, and letters of recommendation to [DAFP@delfamdoc.org](mailto:DAFP@delfamdoc.org) with the subject line, *Platt Summer Fellowship*.