

**STFM Foundation’s New Faculty Scholars Program**

**APPLICATION FORM OCT 2**

Date:

Name: Degree(s):

Institution:

Primary professional role:

Email:   
Mobile phone:

**Include photo with application**

STFM is a member of the Council of Academic Family Medicine (CAFM). CAFM leadership agreed on some updates to demographics questions to make them more inclusive.

**Please fill in the following:**

**What is your current gender identity? Select all that apply**

◻Male/Man ◻Female/Woman ◻ Genderqueer/Gender non-conforming ◻Non-binary ◻Prefer to self-describe ◻Choose not to disclose

**Which of the following best defines your race or ethnicity? Select all that apply**

◻Hispanic/Latino/a/Spanish Origin ◻American Indian/Alaska Native/Indigenous ◻Asian ◻Black/African American

◻Native Hawaiian/Pacific Islander ◻White ◻Middle Eastern/North African ◻Choose not to disclose

**I self-identify as Underrepresented in Medicine\*** This information will identify additional dedicated STFM Foundation funding that is available for URM faculty applicants to the New Faculty Scholars Program.

◻Yes ◻No

\*Under-represented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population (Black/African-American, Hispanic/Latino/of Spanish Origin, American Indian/ Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities (Vietnam, Cambodia, Indonesia, and Laos).

* + Yes, I have read and agree to meet the expectations required for scholars who receive this award.

**Expectations:**

* Submit a presentation session (as leader) for STFM Spring Annual Conference. If the scholar’s presentation is not accepted through the call for papers process, the scholar will present at a breakfast roundtable.
* Attend all designated Foundation functions for New Faculty Scholars.
* Respond to an evaluation regarding their New Faculty Scholars activities and 2 years following receipt of the award.

**Please respond to the items below.**

1. Career Development
2. What is the date of your initial faculty appointment? Month: \_\_\_\_\_ Year: \_\_\_\_\_
3. What is your current position?
4. Describe how the New Faculty Scholars Program will help advance your career and academic family medicine.
5. Leadership Achievements/Potential/Other
6. Describe the experiences you need to become a leader in academic family medicine.
7. Why should you be selected as a New Faculty Scholar?
8. Diversity in the broadest sense (gender, ethnicity, work site/role, geographic location) is an important factor in the selection process. How would your diversity serve to enrich the environment of STFM and your academic home as you take on greater leadership positions in STFM?

**Application Biosketch for the New Faculty Scholars Program**

Name:

Education:

* Fellowship(s) (if any):
* Family Medicine Residency
* Medical School
* Undergraduate School:

Other Relevant Training:

Honors and Awards:

Leadership/Administrative Experiences [list position(s), organization(s), dates, and activities]

* Local
* State
* Regional
* National

Engagement in the Society of Teachers of Family Medicine (list up to three activities, excluding presentations)



Peer-Reviewed Presentations at Professional Meetings (5 maximum)

Publications in Peer-Reviewed Journals (5 maximum)



Funded Grants (3 maximum)

* Funding Source, Role, Project Title, Funding Amount, and Dates