



Future Faces of Family Medicine Student Program Application



Due date: 11/3/2023

Visit our website for more info @ www.srfmr.org/future-faces-of-family-medicine

Program Requirements & Eligibility:

- FFFM program recruits students from minority, lower socioeconomic, and first-generation college backgrounds who are interested in careers in medicine.
- Students must be minimum of 16 years old to participate in all aspects of our program
- Students who are 14-15 years old may participate in all aspects of our program **EXCEPT** clinic shadowing
- Students must be enrolled in high school to participate in our program.
- Parent and school permission is required for participation in the program.
- Must be available for **all** required workshops and program activities.
- Workshops will be held every Tuesday from 3:30-5:30pm, beginning February 6th, 2023 and ending May 7th, 2022.
- Students must provide their own transportation to and from all activities
- Enrollment will be limited to 20 students total

Submission instructions:

- Email application to Dr. Mariah Hansen: HansenM3@sutterhealth.org.
- In the email "Subject", write "FFFM Application" and your name.
- Alternatively, you may mail application to 3569 Round Barn Circle, Suite 200, Santa Rosa, CA 95403 (Attn: Residency Office)

Application Requirement: Letter of Introduction

Directions: Type a maximum 500 word letter in which you introduce yourself (name, school, age, grade) and answer the following questions:

- How has certain parts of your identity (e.g. culture, language, socioeconomic status, gender orientation) influenced your values and how do you see yourself applying these values in a future healthcare career?
- How will being a part of the FFFM program further your future career goals?
- Give an example of a time when one of your strengths helped you achieve a goal.

Student Applicant Information (Please type or print legibly)

Full Name:		Date:
	<i>Last</i> <i>First</i> <i>M.I.</i>	

Address:			
	<i>Street Address</i>	<i>Apt/Unit #:</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Phone:	Email:
How did you hear about FFFM?	

Current School:	School Grade:
Age:	Male/Female/Non-binary/Prefer not to respond: (circle) Preferred Pronouns:

Ethnicity:

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian/SouthEast Asian | <input type="checkbox"/> Latino/a | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to respond |

If you are fluent in any other language than English, enter here:

What is the primary language spoken in your home, enter here:

School Personnel Contact

Please list a school contact that can be a liaison between the 3xFM program and your school (counselor, teacher, principal, etc.):

Full Name:	Title:
School:	Email: