



Future Faces of Family Medicine Student Program Application



Due date: 11/1/2022

Visit our website for more info @ <https://www.srfmr.org/future-faces-of-family-medicine.html>

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 7th, 2023 and ending May 2nd, 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 and answer the following questions:

- Why are you interested in applying to FFFM?
- What kind of career or job do you see yourself having in the future? Why are you interested in that career?
- How can you contribute to diversity in the healthcare workforce (personal background, allyship, etc.)
- Please provide an example in which you demonstrated resilience and what you learned from this experience.

Student Applicant Information (Please type or print legibly)

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

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

Phone:	Email:
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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: