

 **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](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 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:** |  |
| --- | --- | --- | --- |
|  **Last** | **First** | **M.I.** |

|  **Address:** |  |  |
| --- | --- | --- |
|  **Street Address** |  **Apt/Unit #:**  |
|  |  |  |
|  **City** |  **State** |  **ZIP Code** |

| **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:** |
| --- |
| **☐ African American** | **☐ Caucasian** | **☐ Native American** | **☐ Other**  |
| **☐ Asian/SouthEast Asian** | **☐ Latino/a** | **☐ Pacific Islander** | **☐ 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:** |  |