

**PBSG Family Medicine Residents Scholarship Award Application**

**Note: Please be sure to provide an email address that will be active after July 1, 2021.**

**Name(s) and emails of Nominee(s)**

Name: \_\_\_\_\_

University: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

University: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

University: \_\_\_\_\_

Email: \_\_\_\_\_

**Name and email of Nominator if different from above**

Name: \_\_\_\_\_

University: \_\_\_\_\_

Email: \_\_\_\_\_

**Title of Scholarly Project:**

\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe how your project contributes to scholarship around small group learning in residency (Maximum 100 words)**



**Please provide a brief description of the project (Maximum 250 words)**

If the project is in a format that can be sent electronically please attach the PowerPoint, Word document, Picture of a poster etc.

