

PBSG Family Medicine Residents Scholarship Award Application

Note: Please be sure to provide an email address that will be active after July 1, 2022.

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.

