

Application for
THE PISACANO SCHOLARS LEADERSHIP PROGRAM

Background and Purpose

The American Board of Family Practice* (ABFP) established the Nicholas J. Pisacano, M.D. Memorial Foundation (now the Pisacano Leadership Foundation) in 1991 in tribute to our founder and first Executive Director. Dr. Pisacano is recognized as one of the leaders in the effort to have Family Practice accepted as a major specialty. Dr. Pisacano believed that the welfare of the patient was utmost, and that physicians should be broadly educated. With these ideals in mind, the Pisacano Leadership Foundation seeks to promote a level of excellence and dedication in students committed to a career in family medicine by providing scholarships and leadership training.

** renamed the American Board of Family Medicine in 2005*

Description of Scholarship

The Pisacano Scholars Leadership Program provides educational programs, leadership training, and funding for outstanding medical students for a four-year period beginning in the final year of medical school and through three years of residency training in Family Medicine. The Foundation is especially interested in students who exhibit the highest levels of commitment, skill, compassion, and leadership. Although the scholarships are intended to reduce the level of medical-school-related debt, financial need is not a consideration.

Qualifications/Criteria

Applicants **entering their fourth year** (full-time) in a U.S. medical school in the fall of 2022 will be considered. Applicants must have declared family medicine as their specialty. Applicants will be judged on commitment to family medicine, leadership qualities, academic performance, including evidence of clinical excellence, including application of knowledge to clinical care, and communication skills and service. The Foundation Board requires each applicant to complete an interview with a family physician, which will be arranged by the Board.

Terms

The maximum scholarship award is \$28,000. The scholarship will be renewed each year of the scholarship period upon the awardee's successful completion of an annual evaluation. Evaluations will be based on the criteria listed above. Awards will be paid in August/September. In the event any recipient of a Pisacano Scholarship voluntarily fails to enter or withdraws from an ACGME accredited residency in family medicine, the Foundation reserves the right to require repayment of any monies it has paid to such recipient. If an awardee is judged no longer worthy of or eligible for the award as determined by the Board of Directors, the scholarship can be revoked.

Deadline

All parts of the application (completed application, topical essay, scores, transcripts, statements/recommendations) must be received in the Pisacano Leadership Foundation office by:

MAY 1, 2022.

NO EXCEPTIONS will be made for any part of an incomplete application, REGARDLESS of mail service of any kind, weather, administrative errors, or any other extenuating circumstances. Incomplete applications will not be considered.

Notification of Awards

All applicants will be notified of award decisions in October 2022.

Acknowledgement

By submitting this application, I certify that the information contained in this application is accurate to the best of my knowledge, and I am prepared to supply documentation attesting to its accuracy. I have read and understand the requirements that must be met for my application to be considered, and I understand that it is my responsibility to ensure that all materials for my application are received by the Foundation by May 1, 2022.

I understand and agree that if, after having been awarded a Pisacano Scholarship, I shall voluntarily refuse to enter a residency in the specialty of family medicine or, having entered a family medicine residency, I shall voluntarily withdraw from it in order to enter a residency of another medical specialty, I may be required to repay all or such part of any monies granted to me by the Foundation as the Foundation may determine in its absolute discretion.

Name (print) _____ Last 4 digits of SS No. _____

Instructions: Please type all sections. Complete all sections. All information will be kept confidential.

GENERAL INFORMATION

Name _____
Last First Middle Maiden

Mailing Address _____
Street City State ZIP

Telephone _____ Alternate telephone _____

Email Address _____

Have you applied to the Pisacano Scholars Leadership Program previously? (check one) Yes _____ No _____

EDUCATION

Undergraduate institution: _____

(address) _____

Degree _____ Major(s) _____ Minor _____ GPA _____

Date began study _____ Date finished degree _____

Medical School: _____

(address) _____

Date began study _____ Expected graduation date _____

Other Graduate institution (if applicable): _____

(address) _____

Date began study _____ Date finished degree _____

MCAT Scores VR _____ PS _____ WS _____ BS _____ OR C/P _____ CARS _____ B/B _____ P/S _____

USMLE or COMLEX Score _____

Name (print) _____ Last 4 digits of SS No. _____

For all sections, please include additional pages as necessary.

COMMITMENT (Limit 500 words)

Please define (in your own words) the specialty of family medicine. Cite examples that demonstrate your commitment to this definition. Please describe your future career and how this definition will guide you.

LEADERSHIP (Limit 500 words)

Briefly explain your leadership skills and how you have demonstrated these skills. (Limit 500 words)

HONORS AND AWARDS (Limit 500 words)

List and briefly explain any honors and awards you have received since you began college, highlighting those that are a result of exemplary leadership or service. Begin with the most recent honor or award and include dates.

ACTIVITIES (Limit 500 words)

List and describe *additional* activities and offices held. Please include employment, community and school activities, publications, and/or research projects. Begin with the most recent activity and include dates. Describe how each activity has furthered your commitment to family medicine and/or enhanced your leadership skills.

PERSONAL INTERESTS (Limit 500 words)

Please tell us about your personal interests or any other information the review committee should consider (i.e., activities, goals, hobbies, family, travel, favorite books, your personality, etc.).

TOPICAL ESSAY (Limit 700 words)

Enclose a typed personal statement addressing any current issue that is relevant to the specialty of family medicine. Describe your strengths and professional goals that will allow you to address this issue. Please ensure that your name and last four digits of your social security number are on the statement.

Name (print) _____ Last 4 digits of SS No. _____

OTHER SUBMISSIONS

A. Letters of Recommendation

Please list the three different names, addresses, and phone numbers for each required letter of recommendation. Letters of recommendation must be emailed by the letter writer (preferred) or submitted by mail in a sealed envelope. All letters must be **RECEIVED** by **MAY 1, 2022**, regardless of mail service of any kind, weather, administrative errors, or any other extenuating circumstances. It is the applicant's responsibility to inform those writing the recommendations/statements of all the above conditions. Instructions for letter writers are at the end of this document.

1. Name, address, phone number, and title of faculty member in your primary care department (preferably department of family medicine) who will write a letter supporting you to receive this scholarship. Letter should include a statement of your commitment to family medicine and, if possible, information about your character, academic and clinical skills, service, and leadership abilities.

2. Name, address, and phone number of the Dean or Dean's representative of your medical school who will supply a statement indicating that you are in good academic standing and are not involved in any disciplinary actions. Letter should also provide available clerkship grades compared to other medical students and explicit attention to clinical skills, including competency in application of knowledge, communication, and problem-based learning. Qualitative comments similar to what will go in the MSPE letter are appropriate. Letter should be similar to one provided for a residency application.

3. Name, address, phone number, and title of family physician who will write a letter of recommendation for you to receive this scholarship. Letter should include a statement of your commitment to family medicine and, if possible, information about your character, academic and clinical skills, and leadership abilities.

Name (print) _____ Last 4 digits of SS No. _____

B. Transcripts

Transcripts may be sent by mail (no faxes) if the school is not able to email an official copy.

1. Please submit an **official** undergraduate school transcript (and graduate school transcript if applicable). Note: If you attended more than one school, submit the transcript from the degree-granting institution.
2. Please submit one **official** copy of your medical school transcript.

C. MCAT scores

Please submit a copy of your MCAT scores. (A photocopy is acceptable).

D. USMLE score or COMLEX score

Please submit a copy of your USMLE scores or COMLEX scores. (A photocopy is acceptable).

E. Curriculum Vita

Please submit one copy of your current CV.

The completed application and all submissions may be emailed to jireland@theabfm.org.

If necessary, materials can be submitted by mail to the following address:

Pisacano Scholars Committee

Pisacano Leadership Foundation, Inc.
1648 McGrathiana Pkwy, Ste 550
Lexington, KY 40511

Name (print) _____ Last 4 digits of SS No. _____

APPLICATION CHECKLIST

Before sending in your application, please ensure that the following items have been submitted:

- _____ Completed application
- _____ Topical Essay addressing a family medicine issue
- _____ MCAT scores
- _____ USMLE score or COMLEX score
- _____ Official copy of undergraduate school transcript (and graduate transcript if applicable)
(must be sent directly from your school or submitted in a sealed envelope with your application packet)
- _____ Official copy of medical school transcript (must be sent directly from your school or
submitted in a sealed envelope with your application packet).
- _____ Current CV

It is your responsibility to ensure that the following recommendations/statements are received by May 1, 2022 (must be emailed or mailed directly from the person writing the recommendation/statement or submitted in a sealed envelope with the application):

- _____ Recommendation from a faculty member in the primary care department at your medical school
- _____ Statement from the Dean (or Dean's representative) of your medical school
- _____ Recommendation from a family physician.

ALL ITEMS ON THE ABOVE APPLICATION CHECKLIST MUST BE RECEIVED (NOT POSTMARKED) IN THE PISACANO LEADERSHIP FOUNDATION OFFICE BY MAY 1, 2022.

All parts of the application can be emailed to jireland@theabfm.org. Recommendations/statements that are emailed must be emailed by the letter writer. Any parts of the application sent by mail may take longer to process. Mailed applications should be sent to:

Pisacano Scholars Committee
Pisacano Leadership Foundation, Inc.
1648 McGrathiana Pkwy, Ste 550
Lexington, KY 40511
(877) 223-7437
(859) 287-0948.

Applicants will be notified by email when all parts of their application have been received. Interview assignments will be communicated with applicants after all application materials are received and reviewed.

Applicants: Instructions on the following page are provided for your convenience. Please give the appropriate instruction to those who will be writing letters of support for you. Do not submit these to the Pisacano Leadership Foundation as part of your application.

Name (print) _____ Last 4 digits of SS No. _____

Faculty Member in Primary Care Department: The student from whom you received this form is applying for a Pisacano Scholarship. Your letter of support should include a statement of the student's commitment to family medicine. If you are able to comment on the student's character, academic skills, service, and leadership abilities, please do so.

PLEASE NOTE: Your letter must be **RECEIVED** by **MAY 1, 2022**, or else this student's application will **NOT** be considered. **NO EXCEPTIONS** will be made, regardless of mail service of any kind, weather, administrative errors, or any other extenuating circumstances.

Your letter can be emailed by you to jireland@theabfm.org or mailed to the address below. If mailed, the letter must be sent directly from you or submitted in a sealed envelope with the student's application.

Pisacano Scholars Committee
Pisacano Leadership Foundation, Inc.
1648 McGrathiana Pkwy, Ste 550
Lexington, KY 40511.

Dean or Dean's representative: The student from whom you received this form is applying for a Pisacano Scholarship. The letter of support that he/she has asked you to write should include a statement indicating that the student is in good academic standing and is not involved in any disciplinary actions. The letter should also explain your grading system and give the student's GPA and rank in class. **Please provide a letter similar to one provided for a residency application.**

PLEASE NOTE: Your letter must be **RECEIVED** by **MAY 1, 2022**, or else this student's application will **NOT** be considered. **NO EXCEPTIONS** will be made, regardless of mail service of any kind, weather, administrative errors, or any other extenuating circumstances.

Your letter can be emailed by you to jireland@theabfm.org or mailed to the address below. If mailed, the letter must be sent directly from you or submitted in a sealed envelope with the student's application.

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Lexington, KY 40511.

Family Physician: The student from whom you received this form is applying for a Pisacano Scholarship. Your letter of support should include a statement of the student's commitment to family medicine. If you are able to comment on the student's character, academic skills, service, and leadership abilities, please do so.

PLEASE NOTE: Your letter must be **RECEIVED** by **MAY 1, 2022**, or else this student's application will **NOT** be considered. **NO EXCEPTIONS** will be made, regardless of mail service of any kind, weather, administrative errors, or any other extenuating circumstances.

Your letter can be emailed by you to jireland@theabfm.org or mailed to the address below. If mailed, the letter must be sent directly from you or submitted in a sealed envelope with the student's application.

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