

# DFMCH McGovern-Tracy and Student Scholars Awards

## Personal Statement Form

**Please note:** nominations are limited to **three awards** (you are limited to three award nominations even if you are nominated for more than three awards). Complete the form below indicating the three awards you are nominated for and complete the personal statement indicating your eligibility for these awards. **Please limit your personal statement to 300 words.** For specific award criteria and nomination information, please visit the **award overview** page at: <https://www.fammed.wisc.edu/med-student-awards/>.

<b>Nominee's Name:</b>	
<b>Nominee's Email:</b>	
<b>Award(s) nominated for (nominations are limited to three awards below):</b>	
<input type="checkbox"/> Compassion in Action (CIA) Award <input type="checkbox"/> CIA Community Health Leadership Award <input type="checkbox"/> CIA International Health Leadership Award <input type="checkbox"/> CIA International Delek Hospital in India Award <input type="checkbox"/> Robert F. and Irma K. Korbitz Scholarship <input type="checkbox"/> Vogel Scholarship	<input type="checkbox"/> Founders Award <input type="checkbox"/> Dr. Lester Brillman Scholarship <input type="checkbox"/> Dr. Lester Brillman Leadership & Advocacy Award <input type="checkbox"/> Dr. Lester Brillman Mentorship in Family Medicine Award <input type="checkbox"/> McGovern-Tracy Scholars Award
<b>Please complete your Personal Statement below:</b>	
<div></div>	

Please return this form via email to: [suzanne.mcguire@fammed.wisc.edu](mailto:suzanne.mcguire@fammed.wisc.edu)

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**Personal Statement Form**

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