

Marianne McKennett, M.D./Lemon Grove Family Medicine Residency Honorary Fund 2026 Application

NAME/R 2/3	
CURRENT ADDRESS	
CITY/ST/ZIP	
CURRENT PHONE	
E-MAIL ADDRESS	
PERMANENT ADDRESS	
CITY/ST/ZIP	
√ App Current Curriculum V	lication Supplemental Information Checklist
Personal Statement	
Project Description inc	cluding goals for impact on community and any prelimary data
Application Form Letter of Recommenda	tion from Faculty or Community Member involved in Project
Letter of recommenda	ation from Residency Program Director
Application Deadline: Wednesd Application accepted for conside Personal Interview: Wednesd 8:30pm via Zoom. (Attendan Selection of Award Recipient: Normal In Person Award Presentallation of Officers, Date To I understand that, if selected Wednesday, November 12th, 20	eration: Notification via email by: Friday, October 31st, 2025 ay, November 12th, 2025 scheduled between 4:30 to ce is required) lotification via e-mail by Friday November 14th, 2025 entation: The San Diego Academy of Family Physicians'
	Signature/Date