

**Florida Academy of Physician Assistants Foundation
PA Student Scholarship Program
Application Form for 2008**

Name of Applicant:

Stop! Stop! Stop!

Before proceeding with completion of this application, complete the following eligibility checklist. You **MUST** be able to answer YES to each criterion in order to qualify for this program.

<input type="checkbox"/> Be in 2 nd year of training as of August 1, 2008	<input type="checkbox"/> Current Florida resident
<input type="checkbox"/> Attending an ARC-PA accredited PA program in Florida	<input type="checkbox"/> GPA minimum of 3.0 out of 4.0
<input type="checkbox"/> Able to submit one set of most recent program grades	<input type="checkbox"/> Current FAPA student member

Instructions: (Please read carefully)

1. Answer all questions and print information clearly and legibly.
2. Attach additional sheets only when requested. Unsolicited information will not be considered or forward to the Scholarship Award Committee.
3. Application materials must be postmarked by June 30th, 2008.
4. Include the following with this Application Form:
 - One (1) completed Application Form original and one (1) copy of same.
 - One (1) letter of reference.
 - One (1) copy of your most recent PA program grades with GPA noted.
 - One (1) passport style color photo for public relations (in separate envelope)

PART I: PERSONAL INFORMATION

Name (Last, first, middle)

Social Security Number:

FAPA Membership No.:

Street Address:

City/State/Zip:

Daytime Phone:

Mobile Phone:

Email Address:

PA Program:

Graduation Date: (Month/Year)

Part II: PA PROGRAM DIRECTOR REFERENCE

"I hereby certify that the above applicant is enrolled in our program as stated in this application, is in good academic standing, and has a passing academic record (GPA of minimum of 3.0 on 4.0 scale)."

PA Program Director Name

Signature:

Date:

Name of Applicant

PART III: ACADEMIC INFORMATION

Please list all colleges and universities that you have attended on at least a part-time basis. Note degree achieved, if any.

Years Attended	School Name, City, State	Degree Obtained, & Year

PART IV: EMPLOYMENT HISTORY

Please list your employment experience and note the years you held each position and its location

Occupation	Year(s) Held	Location
e.g. EMT	1994-1998	Orlando, FL

Attach additional sheets if necessary to list all requested information above.

PART V: ESSAY QUESTIONS

Please attach extra sheet with brief answers to the following:

1. In 100 words or less, state what you believe are the major challenges in the health care profession today.
2. Why did you choose the physician assistant profession and what are your future goals?
3. Describe your extra-curricular and volunteer activities in school, the community and profession, and any other activities that you feel are relevant to this application.

Signature of Applicant

"I attest that the contents of this scholarship application are true and accurate. I agree that if I receive a scholarship my photograph and this application may be published in FAPA publications. Finally, I understand the decision of the FAPA Scholarship Award Committee is final."

Signature **Date**