



The Association of Family Practice Physician Assistants is pleased to offer scholarship awards to first and second year Physician Assistant Students. Scholarships to first year students are \$1000 and scholarships to second year students are \$1500. Awards are made to those who are student members of the AFPPA, demonstrate a special interest in primary care medicine, and are in good academic standing.

To apply for this scholarship:

Please submit an essay (750 words or less) that describes your commitment to primary care medicine and how your current and past community involvement demonstrates this commitment. Also describe efforts to support and promote the PA profession.

Complete the registration form and forward it to a faculty member along with your statement. The faculty member then completes the faculty form and forwards the registration form, statement and faculty form from an official school email address.

Your application is scored based on your essay and faculty recommendation. Please give us a full understanding of why YOU deserve this award.

ONLY COMPLETE EMAIL APPLICATIONS WILL BE CONSIDERED. Only documents in Microsoft word or compatible formats will be accepted. PDF or scanned documents will not be considered. Applicants are to advise their faculty member to submit the **complete** application to: Rene McCarty, PA-C
AFPPA Scholarship Committee Chair
scholarshipchair@afppa.org

Deadline for receipt of your scholarship application is September 1, of the current year.
(Late or incomplete applications will not be considered.)

Copy and paste into an email below this line:

AFPPA Student Scholarship Applicant Information:

Name:

Address:

Phone:

Email:

Name of PA Program: (must be an accredited program)

AFPPA Membership Number:

If there are special circumstances that you would like the scholarship committee to take into consideration? Please describe them briefly below.

Essay:

Please have faculty email the information below along with the student's information/essay to scholarshipchair@afppa.org

This page is to be completed by PA Program Faculty:

Student's Name:

PA Faculty Member's Name:

Faculty Phone/Contact Number:

Name of Program/University:

As of September 1 of this year, has the applicant been a PA student more or less than 12 months?

Is this student in good academic standing? ___Yes ___ No

What specific characteristics make this student outstanding in some way?

How do you describe this applicant's potential for being successful in a primary care setting?

Please forward both the students completed portion and yours to scholarshipchair@afppa.org
Only **COMPLETE** applications can be considered.