

ASSOCIATION of PHYSICIAN ASSISTANTS IN ONCOLOGY ANNUAL SCHOLARSHIP

*A \$2500 scholarship awarded at the annual AAPA National Conference.

*\$500 of the total scholarship is allotted for the recipient's travel expense; the other \$2000 is unrestricted

*The winner is strongly encouraged to receive the scholarship in person at the conference. If this is not possible, the total amount awarded to the winner is \$2000 (travel expenses deducted from the initial \$2500)

Eligibility Criteria (must meet all of the following in order to be eligible)

- AAPA member (or applicant)
- Clinical phase (completed basic science courses) PA student in a ARC-PA-accredited program
- Applicant has not previously received a PA foundation or other specialty organization scholarship
- Applicant has a strong interest in pursuing a career in the oncology field and must have completed or plan to complete a clinical rotation in and oncology specialty
- Applicant must not graduate before May of application year (2009).
- Applicant must have a minimum GPA of 3.0.

INSTRUCTIONS- *please read carefully.*

- Information should be typed or neatly hand-written.
- Brevity is encouraged, but additional sheets may be included if needed to fully respond to questions.
- Additional unsolicited information that does not pertain directly to the questions in the application will not be forwarded to the selection committee.
- The application package must include one copy of the application form, one copy an official transcript of the PA program GPA, one letter of reference, and two passport-style photographs of the applicant that are suitable for publication. The photos should be placed in a separate unsealed envelope with the applicant's name printed on the back of each photo.
- All materials must be postmarked by March 20, 2009 and sent to:
APAO Scholarship Committee
950 North Washington Street
Alexandria, VA 22314.

preferably in oncology. Please have the evaluator mail the letter of reference directly to Latasha Taylor (above address) in a sealed and signed envelope.

Name of Evaluator: _____ Position: _____

Phone Number and/ or Email of Evaluator: _____

PART V: INFORMATIONAL QUESTIONS

List your extracurricular and volunteer activities in school, in the community, and in the profession. Include any other activities during the past five years that you feel are relevant to this application. Be sure to include any oncology-related activities. Please stay brief. Use only allotted space provided. If absolutely necessary, attach extra page.

Activity	Role/Position	Date (year)
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PART VI: PERSONAL MOTIVATION QUESTIONS

Use only allotted space if possible. Attach an extra page if needed.

1. What is your motivation for choosing to work in Oncology as a PA?

2. How will you impact oncology patients in your career as a PA?

I attest that the contents of this scholarship application are true and accurate. I understand that a

corporate scholarship sponsor may request a copy of this completed application form. I also agree that if I receive a scholarship, my photograph and any correspondence may be published in AAPA/APAO publications. I understand that all judging is final.

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Signature of Applicant

Date

OFFICE USE ONLY: Postmark date: ____ Postcard sent: ____ Letter sent: ____ AAPA ____ ACCRED ____
Letter ____ Grades ____ Photos ____ Direct ____ Sign ____