

Date _____

SOCIETY OF ARMY PHYSICIAN ASSISTANTS

SCHOLARSHIP APPLICATION

THE CAPTAIN SEAN P. GRIMES
PHYSICIAN ASSISTANT EDUCATION SCHOLARSHIP AWARD

I. GENERAL INFORMATION

This scholarship is administered through the PHYSICIAN ASSISTANT FOUNDATION for the SOCIETY OF ARMY PHYSICIAN ASSISTANTS.

It is the intent to award financial assistance if funds are available to a deserving individual who is seeking initial training as a physician assistant or to a PA who is seeking a baccularate, masters or doctoral degree.

The Society of Army Physician Assistants develops, promotes, and reviews its scholarship application and determines the scholarship recipients.

Once the recipients are named, the SAPA forwards the application packet to the PA Foundation.

Once the application packet has been reviewed and found acceptable; the PA Foundation will mail a check to the recipient.

All applications will be reviewed and judged on the basis of financial need, academic record, community and professional Activities, and future goals as a Physician Assistant.

Recipients will be announced at the annual SAPA meeting in April of each year.

II. QUALIFICATIONS TO PROCEED WITH THIS APPLICATION
(check all that apply) (must fall into one of these categories to qualify)

- ___ ARMY VETERAN
- ___ ARMY RETIREE (includes NG or RESERVIST)
- ___ ARMY ACTIVE DUTY
- ___ ACTIVE ARMY NATIONAL GUARD
- ___ ACTIVE ARMY RESERVIST
(open to the rank of E5 – 04)

III. INSTRUCTIONS

1. Answers and information in each part of this application must be completed and mailed to the home office address. Incomplete applications will not be accepted. Once submitted, the application may not be changed or revised.
2. Do not include additional sheets except where requested. (any additional unsolicited information will not be included in the application packet)
3. Do not change the format of this application. Please collate and staple application materials (original and 3 copies)
4. All application materials must be post marked no later than 1 February of each year.
5. Your application packet must include the original plus 3 copies of the following documents.
 - *The signed application
 - *Your most recent program transcript or grade report. (must be sent by the applicant)
 - *Copies of your previous and current degrees and transcripts (must be sent by the applicant)
 - *Letter from the financial aid office (if currently enrolled in an educational program) verifying your financial assistance status.
 - *Information from the financial aid office must coincide with information given in the FINANCIAL AID SECTION.
 - *Copy of an HONORABLE DISCHARGE CERTIFICATE from the ARMY if applicable
 - *Copy of your DD Form 214 if applicable
 - *DD, DA, NG Form indicating your current status
 - *Two passport-style photos of yourself suitable for publication. Put photos in a sealed envelope with your name printed on the back of each photo as well as on the front of the envelope. These photos will be used in scholarship publicity materials.

IV. PERSONAL INFORMATION

NAME _____

ADDRESS _____

PHONE (home) _____ (cell) _____

DATE OF BIRTH _____

SS # _____

DATE OF THIS APPLICATION _____

NAME OF ACCREDITED INSTITUTION _____
(if applicable)

ADDRESS OF ACCREDITED INSTITUTION _____
(if applicable)

EXPECTED DATE OF GRAUDATION _____

E-MAIL ADDRESS _____

CURRENT AAPA # OR STUDENT # (if applicable) _____

CURRENT NCCPA # (if applicable) _____

CUMMULATIVE G. P. A. _____
(must send a certified letter from the previous or current institution)

CURRENT OR MOST RECENT SAT SCORES (date) _____

CURRENT OR HIGHEST RANK HELD _____

LIST ALL MOS _____

LIST HIGHEST DEGREE HELD _____

CURRENT OCCUPATION _____

CURRENT OR LAST UNIT ASSIGNMENT _____

V. FINANCIAL INFORMATION

(please provide the following information for the current academic year)

YOUR MONTHLY CONTRIBUTION _____

SALARY/WAGES _____

SAVINGS _____

YOUR SPOUSE MONTHLY CONTRIBUTION _____

SALARY/WAGES _____

SAVINGS _____

TUITION ASSISTANCE PER MONTH/QUARTER/SEMESTER

GRANTS _____

SCHOLARSHIPS _____

STIPENDS _____

LOANS _____

OTHER AVAILABLE FINANCIAL ASSISTANCE _____

YOUR ACADEMIC EXPENSES: TUITION _____
 BOOKS _____
 SUPPLIES _____
 FEES _____
 TRANSPORTATION _____
 ROOM AND BOARD _____
 MEDICAL INSURANCE _____
 DENTAL INSURANCE _____
 STUDENT DUES _____

TOTAL OF FINANCIAL CONTRIBUTION PER YEAR _____

TOTAL OF FINANCIAL EXPENSES PER YEAR _____

VI. OTHER VITAL INFORMATION
 (answer yes or no)

- _____ Encumbered Board Certification (past or present) from any profession.
- _____ Encumbered state license, certificate or registration (past or present) from any profession
- _____ Past or pending disciplinary, suspension, probation, or firing action from any profession
- _____ Conviction of illegal drug abuse.
- _____ Conviction of an alcohol related offense
- _____ Conviction of a felony
- _____ Possess NCCPA board certification (applies to all trained physician assistants)
- _____ Currently enrolled in an accredited college, university or training program

VII. COMMUNITY AND VOLUNTEER PROFESSIONAL SERVICES

ACTIVITY	INCLUSIVE DATES	TOTAL HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. BRIEFLY AND CREATIVELY DISCUSS AT LEAST TWO OF THE MOST IMPORTANT HEALTH CARE CONCERNS IN THE POPULATION IN YOUR COMMUNITY OR ORGANIZATION (250 WORDS OR LESS FOR EACH TOPIC) ***** ATTACH A SIGNED ADDITIONAL SHEET FOR EACH TOPIC*****

I _____ UNDERSTAND THAT IF THE APPLICATION IS NOT COMPLETE, IT WILL BE INELIGIBLE FOR JUDGING AND CONSIDERATION. I UNDERSTAND THAT A SCHOLARSHIP SPONSOR / CONTRIBUTOR MAY REQUEST A COPY OF THE COMPLETED APPLICATION FORM. I ALSO AGREE THAT IF I RECEIVE A SCHOLARSHIP, MY PHOTOGRAPH AND ANY CORRESPONDENCE MAY BE PUBLISHED IN AAPA/PA FOUNDATION/SAPA PUBLICATIONS. FINALLY I UNDERSTAND THAT ALL JUDGING IS FINAL

I _____ ATTEST THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY ABILITY.

APPLICANTS SIGNATURE _____
SIGNATURE DATED _____

NOTARY ATTESTATION: SWORN BEFORE ME ON THIS DATE _____ IN THE COUNTY OF _____
IN THE STATE OF _____

SIGNATURE OF NOTARY _____
(SEAL)

MY COMMISSION EXPIRES _____