

TOPIC: SEAN GRIMES SCHOLARSHIP ADMINISTRATOR: THE PHYSICIAN ASSISTANT FOUNDATION

NAMED SCHOLARSHIP FUND: THE CAPTAIN SEAN P. GRIMES PHYSICIAN ASSISTANT EDUCATIONAL SCHOLARSHIP AWARD

CONSTITUENT ORGANIZATION: SOCIETY OF ARMY PHYSICIAN ASSISTANTS

INTENT: TO AWARD FINANCIAL ASSISTANCE (IF FUNDS ARE AVAILABLE) TO:
- AN INDIVIDUAL WHO IS SEEKING INITIAL TRAINING AS A PHYSICIAN ASSISTANT OR
- A PA SEEKING A BACCALAUREATE, MASTERS OR DOCTORAL DEGREE

INITIAL DURATION: TEN YEARS WITH OPTION TO CONTINUE AT THE DISCRETION OF THE SAPA BOD

FIRST AWARD DATE: APRIL 2006

FREQUENCY OF AWARD: ONE ANNUALLY PROVIDED FUNDS ARE AVAILABLE.

EXPECTED TIME OF AWARD: DURING THE ANNUAL SAPA CONFERENCE

AMOUNT OF AWARD: \$6,000.00 ANNUALLY FOR THE FIRST TEN YEARS PROVIDED FUNDS ARE AVAILABLE; THEN THE AMOUNT BE REEVALUATED AT THE DISCRETION OF SAPA BOD

WHO MAY CONTRIBUTE: ANY INDIVIDUAL, PRIVATE GROUPS, ASSOCIATIONS, COMPANIES, BUSINESSES, AND INDUSTRY.

WHO MAY APPLY:

- ARMY VETERAN, ANY MOS
- ARMY ACTIVE DUTY SOLDIER, ANY MOS
- ARMY NATIONAL GUARD SOLDIER, ANY MOS
- ARMY RESERVIST SOLDIER, ANY MOS
- (ANY OF THE ABOVE: ENLISTED OR OFFICER)
- (ANY OF THE ABOVE FROM THE RANK OF E-5 THROUGH 04)

CRITERIA FOR SELECTION CONSIDERATION:

- GPA 2.5 OR GREATER
- SAT

ANY ARMY SOLDIER IN A CURRENT STATUS OF ACTIVE DUTY, NATIONAL GUARD, RESERVIST OR VETERAN:

- UNENCUMBERED BOARD CERTIFICATION FROM ANY PROFESSION
- UNENCUMBERED STATE LICENSE FROM ANY PROFESSION
- NO PENDING DISCIPLINARY, SUSPENSION OR PROBATION FROM ANY AGENCY

TRAINED PA'S MUST HAVE:

- NCCPA BOARD CERTIFICATION
- A DEFINITE FINANCIAL NEED
- THOSE FOR INITIAL PA TRAINING MUST BE ENROLLED IN AN ARC-PA APPROVED PROGRAM
- FOR OTHER THAN ENTRY LEVEL PA TRAINING MUST BE ENROLLED IN AN ACCREDITED COLLEGE OR UNIVERSITY.

SELECTION AUTHORITY: BOARD OF DIRECTORS / SOCIETY OF ARMY PHYSICIAN ASSISTANTS

Please submit applications by February 1st of each scholarship cycle year.

Please mail to:

ational Scholarship Award

FAX (309) 734-4489, Email: orpotter@aol.com

THREE ANNUAL \$1,000 SCHOLARSHIP GRANTS AVAILABLE

During the annual SAPA Board of Directors meeting at the 2012 SAPA Conference, the Board approved offering three \$1,000 scholarship grants to SAPA members or dependents of SAPA members.

Scholarships are open to SAPA members, spouse of a SAPA member, as well as dependent children of the SAPA member up to the age of 24 years. SAPA membership must be current. Children of deceased SAPA members are also eligible. A spouse of a deceased SAPA member who has not remarried can also be deemed eligible.

The educational facility must be a college or university or a vocational school where the training will lead to a license or certificate to practice a trade. Elementary, middle and high school students are not eligible as this is furnished by the state. However, high school seniors that have been accepted into higher education facilities are eligible.

There is no application form. A packet must be submitted by the applicant, and received by **15 August annually**. This must include (but is not limited to):

1. Letter of application for the grant. This should include: an introduction, why the grant is needed, educational goals, goals for the future, anything else that would be of interest to the scholarship committee. In this section should be the full name of the SAPA member sponsor to confirm eligibility.
2. A letter of acceptance to a school.
3. A listing of activities and achievements.
4. A recent transcript of grades.
5. A recent head and shoulders passport size photograph.

The packet should be sent to this address and received by 15 August annually:

Society of Army Physician Assistants

ATTN: Scholarship Committee

P.O. Box 623, Monmouth, IL 61462

FAX (309) 734-4489, Email: orpotter@aol.com

The executive director will make copies and forward to all members of the committee who will review and make their decision. They will notify the executive director who will notify each applicant personally of the decision. Please note that the executive director has no part in this decision and cannot respond to any queries until the final decision is made. We would like to have the grants awarded prior to the start of the next school year so deadline for receipt of the packets will be 15 August annually. Good luck to all.

Finally, this program is possible only due to the generosity of everyone. We have multiple fund raisers at the SAPA Conference. All receipts from the following go directly into our scholarship fund:

- Casino Night
- Laura Hume's quilt
- Picture auctions during the banquet
- Profits from our SAPA sales store (coins, clothing, etc)

Individuals may make donations into our scholarship fund, which are 100% tax deductible as SAPA is a non-profit organization.

Donors will be recognized in the SAPA Journal unless donor would rather remain anonymous.

Donations may be sent to the SAPA address above, ATTN: Scholarship Fund.

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 _____

Please submit applications by February 1st of each scholarship cycle year.
Please mail to: CPT Sean Grimes Scholarship, C/O SAPA Scholarship Committee
P.O. Box 623, Monmouth, IL 61462; FAX (309) 734-4489, Email: orpotter@aol.com