



## Texas Physician Assistant Foundation Educational Scholarship Application

### Instructions

Before proceeding, review the following eligibility checklist. You must answer yes to each question to qualify for this program:

- Current TAPA student member?
- Currently attending an accredited Texas PA program?
- Able to submit one set of PA Program transcripts?

#### Applications will be reviewed and judged on:

1. **Academic record**
2. **Community activities**
3. **Future goals as a physician assistant**
4. **Letter of Support**

**Winners will be notified by February 8, 2010 and announced at the annual business meeting held at the CME meeting in Houston, Texas, February 25 - 28, 2010.**

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### INSTRUCTIONS - *Please read carefully*

1. Answer the questions below in the space provided.
2. Letter of Support should come from a mentor, physician assistant, program faculty, or other person who is familiar with your accomplishments, community activities, and future goals as a physician assistant. The applicant should provide the person writing the letter with a self-addressed stamped envelope to mail the letter directly to the address below.
3. All applications must be completed with the Letter of Support, PA Program reference, and transcripts postmarked no later than **January 15, 2010**. Letter of support, PA Program reference, and transcripts should be mailed to:

Texas Physician Assistant Foundation  
401 West 15th St.  
Austin, TX 78701-1680

4. Your application package should include the following:
  - PA Program reference.
  - One** copy of your most recent PA Program transcript.  
**(Unofficial transcripts must be signed by PA Program Director)**





## SCHOLARSHIP APPLICATION

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**Signature of Applicant:**

By checking this box I attest that the contents of this 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 an award, my photograph may be published in TAPA literature. My application will not be considered complete unless the supporting documentation is received at the address listed above by **January 15, 2010**. Finally, I understand that all judging is final. No appeals.

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Signature of Applicant

Date



# SCHOLARSHIP APPLICATION

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## **PART TWO: LETTER OF SUPPORT**

Please describe the attributes and qualities of the applicant that makes you believe that she/he will continue to foster knowledge and philanthropy that enhances quality health care in Texas. (250 words or less)



## SCHOLARSHIP APPLICATION

### PART THREE: PA Program Director reference (Or program director designee)

I certify that the above applicant is enrolled in our program and is in good academic standing.

PA Program Director/Designee Signature \_\_\_\_\_

PA Program: \_\_\_\_\_

Date: \_\_\_\_\_

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