



American Association of Surgical Physician Assistants
The Premier Multi-Specialty Organization for Surgical Physician Assistants
278 SW Lake Forest Way, Port St Lucie, FL 34986

STUDENT SCHOLARSHIP APPLICATION

Postmark Deadline: July 1, 2019

Print Clearly or Type

All submissions must be mailed.

NAME: _____

Current Address: _____

City _____ State _____

Permanent Address (if different): _____

City _____ State _____

Program Attending: _____

Graduation Date: _____

Phone: _____ E-mail: _____

As a scholarship winner you will receive:

\$1000 check

Scholarship Certificate

Ability to list "AASPA Student Scholarship Winner" on your resume

Recognition in our magazine and on our website

AASPA's famous lapel pin

The following must accompany your application on a separate page:

I. LIST YOUR CURRENT/EXPECTED CLINICAL YEAR ROTATIONS:

-Completed

-Current

-Planned

Use the following format:

Rotation Name Location Dates

- II. **A brief essay that describes your financial need.**
- III. **A short (500 word) narrative describing your reasons for becoming a surgical physician assistant & your career goals.**
- IV. **A letter from your PA Program, verifying your current status as a student in good standing, including your current GPA.**
- V. **AASPA Student membership application and dues (or copy of membership letter).**

The following may be mailed to AASPA directly care of the Scholarship Committee:

- I. **A letter of recommendation from a Surgical PA, Surgeon, or PA Faculty member.**

STATEMENT OF INTENT

I, _____, do hereby state that I intend to take the NCCPA Board exam at the conclusion of my PA education and fully intend to practice as a physician assistant after successful passage of said exam. If I should be an award recipient, I will use such monies only to further my PA education.

Signature

Date