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
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