



New York State Society of Physician Assistants
251 New Karner Road, Suite 10A, Albany, NY 12205
Toll-free Telephone 1-877-SNY-RPAC (769-7722)
Fax 1-215-564-2175

2010 NYSSPA Scholarship Application

Please complete this eligibility checklist before proceeding. You must be able to answer **YES** to each of the following criteria in order to be eligible for the NYSSPA Scholarship.

- Are you a NYSSPA Member?
- Are you currently attending an ARC-PA accredited PA Program in NY?
- Are you currently in the professional phase of a PA Program?
- I have NOT received a NYSSPA scholarship before!
- I am NOT a NYSSPA Board Member or Committee Chair

Scholarship Guidelines

- Application must be filled out in its entirety. The application must be typed or printed NEATLY. Incomplete applications and those that are illegible will NOT be considered.
- Do not attach additional sheets, except where requested. The Scholarship Committee will not consider additional information.
- Please do not change the format of the application. Applications not in the original format will not be considered.
- Postmark by August 20, 2010 and send to: **New York State Society of Physician Assistants, Attn: Scholarship, 251 New Karner Road, Suite 10A, Albany, NY 12205.** No hand deliveries will be accepted. Applications received postmarked after August 20, 2010 **will not** be considered.
- Applications will be considered based on financial need, academic performance and professional activities.
- Awards will be made without regard to race, color, creed, sex, national origin, or marital status.
- Award amount and the number of scholarships to be awarded are based on availability with a minimum of four (4) \$1000 scholarships.
- Award recipients will receive complimentary registration to the Fall NYSSPA CME Conference. Scholarships are awarded at the Presidential Dinner at the Fall NYSSPA Conference. All recipients are **strongly** encouraged to attend.



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Section I – Personal Information

Last Name	MI	First Name	Social Security #
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Permanent Address

City	State	Zip Code	Day Telephone
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Present Address (if different from above)

City	State	Zip Code
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Name of PA Program	Date of Graduation (month/year)
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NYSSPA Membership #

I hereby declare that, to the best of my knowledge, all information contained on this application is correct and complete. I understand that a corporate sponsor may request a copy of this application. I also understand that all judging is final. I further declare that I will use any award funds to further my education as a Physician Assistant.

Applicant's Signature	Date
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Section II – Program Director Reference

I hereby certify that the above applicant is enrolled in the professional phase of our program and is in good academic standing and has a previous passing academic record.

PA Program Director OR Designated PA Program Faculty **Date**

Section III – Academic History

Please include the following information on an attached sheet. Grades reported in alternative forms will make the application ineligible. Thank you for your cooperation.

- List all professional phase courses. If this is the first semester of your professional phase, please submit your grades from the last two semester’s courses taken.
- To calculate your GPA
 - Assign each grade a quality point number (Quality Points = Grade X Credits)
 - Divide the total amount of quality points by the amount of credits attempted.
 - Total GPA = Quality Points/Credits Attempted
- Program Director Signature OR Designated PA Program Faculty

Example

Course#	College	Course Description	Grade	Credits	Quality Points	
PHAS 320	PA Program	Pharmacology I	4.0	4.0	16.0	
PHAS 330	PA Program	Clin Lab Med	3.7	4.0	14.8	
						GPA 3.85



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Section IV – Financial Information

Please include a letter from your Financial Aid Department that verifies your tuition assistance and expenses for your PA Program.

Personal Assets		Expenses	
Income (employment, spouse contribution, parents, family, gifts)		Tuition	
Savings/Cash/Checking Accounts		Books/Supplies/Fees/Equipment	
Total		Program related transportation	
Tuition Assistance		Room and Board	
Grants		Medical Insurance	
Scholarships		Total	
Loans			
Total			

Section V – Community and Volunteer Services

Please attach a list of community and volunteer services done while in the Professional Phase of your PA Program. Please format the list as shown below.

Example

Activity	Role	Time Commitment	Dates of Participation
Health Fair	Committee Member	2 hrs/week, day of fair	2/06–5/06

Section VI – Essay

Please answer the following question in a one page, typewritten essay on an attached page. Why did you choose the Physician Assistant profession and what are your future goals?



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Scholarship Application Checklist

Section I

- Your Signature

Section II

- Program Director or Representative's Signature

Section III

- List of Courses with calculated GPA
- Signature of Program Director

Section IV

- Financial Aid Letter

Section V

- List of Community and Volunteer Service

Section VI

- One page essay

