



**New York State Society of Physician Assistants**  
100 North 20<sup>th</sup> Street, 4<sup>th</sup> Floor, Philadelphia, PA 19103-1443  
Toll-free Telephone 1-877-SNY-RPAC (769-7722)  
Fax 1-215-564-2175

## **2011 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 1, 2011 and send to: **New York State Society of Physician Assistants, Attn: Scholarship, 100 North 20<sup>th</sup> Street, 4<sup>th</sup> Floor, Philadelphia, PA 19103-1443**. No hand deliveries will be accepted. Applications received postmarked after August 1, 2011 **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.



**New York State Society of Physician Assistants**  
100 North 20<sup>th</sup> Street, 4<sup>th</sup> Floor, Philadelphia, PA 19103-1443  
Toll-free Telephone 1-877-SNY-RPAC (769-7722)  
Fax 1-215-564-2175

**Section I – Personal Information**

---

Last Name	MI	First Name	Social Security #
-----------	----	------------	-------------------

---

Permanent Address

---

City	State	Zip Code	Day Telephone
------	-------	----------	---------------

---

Present Address (if different from above)

---

City	State	Zip Code
------	-------	----------

---

Name of PA Program	Date of Graduation (month/year)
--------------------	---------------------------------

---

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.

---

<b>Applicant's Signature</b>	<b>Date</b>
------------------------------	-------------





**New York State Society of Physician Assistants**  
 100 North 20<sup>th</sup> Street, 4<sup>th</sup> Floor, Philadelphia, PA 19103-1443  
 Toll-free Telephone 1-877-SNY-RPAC (769-7722)  
 Fax 1-215-564-2175

### 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	
<b>Total</b>		Program related transportation	
<b>Tuition Assistance</b>		Room and Board	
Grants		Medical Insurance	
Scholarships		<b>Total</b>	
Loans			
<b>Total</b>			

### 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	2/09–5/09

### 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?



**New York State Society of Physician Assistants**  
100 North 20<sup>th</sup> Street, 4<sup>th</sup> Floor, Philadelphia, PA 19103-1443  
Toll-free Telephone 1-877-SNY-RPAC (769-7722)  
Fax 1-215-564-2175

## **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



