



2009-2010 WAPA SCHOLARSHIP GUIDELINES

1. **WAPA Member in good standing.**
2. **Attending an accredited PA program.**
3. **Certification from the Program that the applicant is enrolled and in good academic standing; one reference from the program director or a faculty advisor.**
4. **One or two page narrative addressing:**
 - a. **Your commitment to the PA profession.**
 - b. **How you plan to be involved in WAPA in the future.**
 - c. **Your community involvement.**
 - d. **Your involvement in education around the PA profession.**
 - e. **How the scholarship would benefit you.**
 - f. **Your self-assessment of your financial need.**
- 5.) **Deadline for submission is Thursday, December 31, 2009. Submission must be post-marked/emailed or faxed by December 31, 2009.**



WASHINGTON STATE ACADEMY OF PHYSICIAN ASSISTANTS
Scholarship Grant Application

1.) General Information

Name: _____

Permanent Address: _____

Present Address: _____

How long have you belonged to WAPA? _____

Name of school you are attending: _____

I hereby declare that to the best of my knowledge the above information is correct and complete.

Signature of Applicant

Date

2.) Written Narrative

Each applicant is required to submit a one- to two-page narrative addressing any of these issues:

- a.) Your commitment to the PA Profession.
- b.) How you plan to be involved in WAPA in the future.
- c.) Your community involvement.
- d.) Your involvement in education around the PA profession.
- e.) How will this scholarship benefit you?
- f.) A self-assessment of your financial need.

3.) Faculty Reference

Please have your program director or faculty advisor complete the following reference form and mail it directly to WAPA.

**** DEADLINE FOR ALL SCHOLARSHIP MATERIALS: Thursday, December 31, 2009****



WASHINGTON STATE ACADEMY OF PHYSICIAN ASSISTANTS
Scholarship Grant Application
FACULTY REFERENCE

Applicant's Name: _____

Applicant's Signature: _____

I hereby certify that the above applicant is enrolled at our school as stated in this application and is in good academic standing.

Program Director or Academic Advisor

Date

Comments:

Program Director or Academic Advisor: Please mail this form directly to:
WAPA Scholarship Committee
2033 Sixth Ave. Ste. 1100
Seattle, WA 98121