



2009-2010 WAPA VETERAN SCHOLARSHIP GUIDELINES

- 1. Be a WAPA Member in good standing.**
- 2. Attend an accredited PA program.**
- 3. Be a veteran of the United States. Please provide a copy of DD-214 and/or DD-215. (Photocopies accepted.)**
- 4. Complete the Faculty Reference page below.**
- 5. One or two page narrative addressing:**
 - a. Your commitment to the PA profession.**
 - b. How you plan to be involved with WAPA in the future?**
 - c. How will you, as a veteran PA, give back to fellow veterans?**
 - d. A potential role for the WAPA Veterans Committee to represent state veterans and veteran PAs.**
 - e. Your community involvement.**
 - f. How would this scholarship benefit you?**
- 5. Entries should be typed, double-spaced lines, with font no smaller than 10pt.**
- 6. Deadline for submission is Thursday, December 31, 2009. Submission must be post-marked/emailed or faxed by December 31, 2009.**



WASHINGTON ACADEMY OF PHYSICIAN ASSISTANTS
Veteran Scholarship 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 these issues:

- a. **Your commitment to the PA profession.**
- b. **How you plan to be involved with WAPA in the future?**
- c. **How will you, as a veteran PA, give back to fellow veterans?**
- d. **A potential role for the WAPA Veterans Committee to represent state veterans and veteran PAs.**
- e. **Your community involvement.**
- f. **How would this scholarship benefit you?**

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 ACADEMY OF PHYSICIAN ASSISTANTS
Veteran Scholarship 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

Faculty recommendation of support:

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