

CONNECTICUT PA FOUNDATION SCHOLARSHIP AWARD GUIDELINES

REQUIREMENTS:

- Applicant must be a resident of the State of Connecticut attending any accredited PA Program, or a student attending an accredited PA program in Connecticut
- Applicant must be a member of a state constituent organization.
- Applicant must be enrolled and currently attending a program accredited by the Accreditation Review Commission (ARC-PA) or either of its predecessors, Commission on Accreditation of Allied Health Education Programs (CAAHEP), or the Committee on Allied Health Education Accreditation (CAHEA). The PA Program Director must sign the application indicating that the student is currently enrolled and is in good academic standing in the program.
- The following must be provided as part of the application:
 - Curriculum vitae**
 - List of community service activities**
 - Personal narrative**
 - Proof of constituent organization membership (copy of membership card)**

APPLICATION CRITERIA:

Students may apply for a Connecticut PA Foundation scholarship only while enrolled and currently attending a Physician Assistant program. Recipients may receive a CT PA Foundation scholarship only once. The following information will be taken into consideration in reviewing applications: community service accomplishments, the typed narrative, and the overall professional quality of the returned application. Additional consideration will be made for outstanding community involvement, leadership/advocacy efforts, and military service.

Questions about the application process and completed applications should be emailed to ctpafscholarship@gmail.com. You will receive an email confirming receipt of your application within approximately one week of submission.

APPLICATION DEADLINE: January 31st, 2020

It is the responsibility of the applicant to submit a complete application by the posted deadline. If time allows, applicants with incomplete forms will be notified. However, all ensuing correspondence must meet the posted deadline. Incomplete applications and applications received after the deadline will not be considered.

2020 CT PA FOUNDATION SCHOLARSHIP APPLICATION FORM

First name

Last Name

Permanent address

City

State

Zip

Present address

City

State

Zip

Email address

I hereby certify that the information in this application is complete and accurate. The Connecticut PA Foundation reserves the right to request verification of any and all information provided. Any requested material must be provided within a specified time frame identified at the time the request is made. I also understand should I win a scholarship through this application I must notify my financial aid office of the money received.

This application is not valid unless signed by the applicant.

Signature of Applicant

Date

I hereby certify that the above applicant is currently attending an accredited PA Program as stated in this application and is in good academic standing in the program.

PA Program Director

Date

Physician Assistant Program

COMMUNITY INVOLVEMENT:

Please list any volunteer activities or community service projects in which you have participated within the last five years. Please include dates of service and frequency/hours of service provided (i.e. 2 hours twice a month) and **total hours**. Please also include a brief description of your role in that activity. *This information must be typed.*

NARRATIVE

In up to 2 pages, create a narrative on the following topic. The narrative should be in essay format and will be evaluated on content, writing style, and creativity.

Excluding medical knowledge, identify three valuable lessons, concepts, or ideas that you have acquired during your PA education which you believe will impact you most as a health care provider.

This portion must be typed and may be no longer than the front and back of this sheet.

SCHOLARSHIP APPLICATION CHECKLIST (keep for your records)

- 1) Completed application form/applicant signature _____
- 2) Signature of PA Program Director _____
- 3) Curriculum Vitae _____
- 4) Community Service documentation _____
- 5) Narrative _____
- 6) Proof of membership in ConnAPA or
state constituent organization
(copy of membership card) _____