**CONNECTICUT PA FOUNDATION SCHOLARSHIP GUIDELINES**

**REQUIREMENTS: Applicants must be:**

* A resident of the State of Connecticut attending any accredited PA Program, or attending an accredited PA program located in Connecticut.
* A student member of ConnAPA.
* Enrolled and currently attending a program accredited by the Accreditation Review Commission (ARC-PA). 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 IN ADDITION to the application on p. 2 below:

* CV/Resume
* List of community activities (p. 3 below)
* Personal narrative (p. 4 below)
* Proof of ConnAPA membership (see instructions on last page)

**All application materials must be submitted by e-mail as a single PDF attachment to** [**ctpafscholarship@gmail.com**](mailto:ctpafscholarship@gmail.com)**. Applications that are received as multiple attachments will not be considered for awards. Applications received after the published deadline for any reason will not be considered.**

**APPLICATION CRITERIA:**

Students may apply for a Connecticut PA Foundation scholarship only while enrolled and currently attending a PA program. Recipients may receive a CT PAF scholarship only once.   
  
The following information will be taken into consideration in reviewing applications:

* community service engagement
* typed narrative response to the application question
* overall professional quality of the returned application.

Additional consideration will be made for leadership and advocacy efforts and military service.

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

**APPLICATION DEADLINE: Midnight Sunday, February 2nd, 2025**

It is the responsibility of the applicant to submit a complete application **in one PDF** **by the** **posted deadline**. If time allows, applicants with incomplete applications received prior to the deadline will be notified and permitted to re-submit their application. However, all ensuing correspondence must be received by the posted deadline.

Scholarships will be reviewed in February 2025, and all applicants will be notified of the decision regarding their application in early March 2025.

**2025 CT PA FOUNDATION SCHOLARSHIP APPLICATION**

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First name Last Name

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Address (Current)

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City State Zip

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Home Address (if not currently living in CT)

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City State Zip

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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. I understand that 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 funds 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, is in good academic and professional standing in the program, and shows dedication to the profession.

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***PA Program Director Date***

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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 two 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.

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A study published in July 2024 found that in the US, trust in physicians and hospitals decreased substantially over the course of the pandemic, from 71.5% in April 2020 to 40.1% in January 2024.  How will you address this skepticism with your patients who may have a mistrust of the medical profession?

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This narrative must be typed and no longer than two pages. Applicants must sign the AI attestation at the end of their narrative.

This work is my own and I did not use AI assistance in writing this essay.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOLARSHIP APPLICATION CHECKLIST**

 Completed application form/applicant signature

 Signature of PA Program Director

 Resume/Curriculum Vitae

 List of Community Involvement with brief description

 Narrative Essay including signed AI attestation

 Proof of ConnAPA membership  
  
 To download your ConnAPA proof of membership:  
 1) Go to “Renew Membership” from ConnAPA’s home page

2) Log in to membership section

3) Select “Purchases” in your personal profile section

4) Click on “Membership” to download certificate or ID card

 Submit all documents **in one PDF** to [ctpafscholarship@gmail.com](mailto:ctpafscholarship@gmail.com) by midnight on Sunday, February 2, 2025.