

Dear Physician Assistant Program Director,

Enclosed is an application form for the Connecticut Physician Assistant Foundation Scholarship. Please review the criteria and make copies for those students whom you feel may be eligible.

**CONNECTICUT PHYSICIAN ASSISTANT FOUNDATION SCHOLARSHIP
AWARD GUIDELINES**

REQUIREMENTS:

- Resident of the State of Connecticut or a student attending an accredited Physician Assistant program in Connecticut
- Applicant must be a member of a state constituent organization (**please provide proof of membership with membership card or letter**).
- Those students who are accepted into or enrolled in a program accredited by the Accreditation Review Commission (ARC) or either of its predecessors, Commission on Accreditation of Allied Health Education Programs (CAAHEP), or the Committee on Allied Health Education Accreditation (CAHEA), are eligible to apply. The PA Program Director must sign the application indicating that the student is enrolled in the program, and is in good academic standing.
- **Curriculum vitae**

CRITERIA:

Students may apply for this scholarship in either their first or second year of attending a Physician Assistant program. Recipients may receive the scholarship only once. The following information will be taken into consideration in deciding the scholarship recipient: community service accomplishments of the applicant, the typed narrative, and the overall professional quality of the returned application.

Deadline for application: February 1, 2012 (Must be postmarked or received by)

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. All incomplete applications and applications received after the above date will not be considered.

Completed applications can be returned to:

Connecticut Physician Assistant Foundation Scholarship
c/o Kristen Moore, MHS, PA-C
45 Enrico Road
Bolton, CT 06043
OR email to: kermite9875@gmail.com

2012 SCHOLARSHIP APPLICATION FORM

First name

Last Name

Permanent address

City

State

Zip

Present address

City

State

Zip

Email address

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

PA Program Director

Date

Physician Assistant Program

I hereby certify that the information in this application is complete and accurate. The Connecticut Physician Assistant 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 our 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

COMMUNITY SERVICE

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 indicate frequency/hours of service provided (i.e. 2 hours 2 x a month). Please also include a brief description of your role in that activity.

This information must be typed.

NARRATIVE

Using the space provided, please write a narrative on the following topic. The narrative should be in essay format and will be judged on form, composition and creativity.

You are standing outside the door of your next patient, a seven year old boy in for his annual physical. His weight last year placed him over the 95%tile for his age group. His current weight continues to place him significantly over the 95%tile. How would you approach the issue of childhood obesity with your patient and his parents.

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