



Regional Physician Assistants of Central New York

SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS

Please read all instructions first **BEFORE** you fill out this application form.

1) Applications must be filled out in full and postmarked or received by email at

tomlydia@google.com

NO LATER THAN SEPTEMBER 1, 2010.

APPLICATIONS THAT ARE INCOMPLETE OR RECEIVED AFTER THE DEADLINE DATE WILL NOT BE CONSIDERED ELIGIBLE.

2) Print legibly in black ink if application is being mailed. Where essays are required, please submit typewritten copy on separate sheets and attach to the completed application. If answering questions via email, please submit your written essays as additional pages to the Microsoft Word document you are downloading. Please be sure to include your name, phone number, email and address on all separate sheets on emailed and regularly mailed forms.

3) One award will be made in the amount of \$300 to the award recipient. The award will be presented to a senior PA student applying from either one of the 2 PA programs (Le Moyne College or Upstate PA Program) in the Central New York Area. The student must be a member in good standing of RPACNY at the time of their application and receipt of award. RPACNY Membership applications are available online at: <http://www.rpacny.org/membership.htm>. If you are applying for membership at the time of application for the scholarship, you **must mail** your membership application, scholarship application and check made payable to RPACNY for \$10.00 to the address on page 2.

4) All applicants must be in good Academic Standing with their respective PA Program to be eligible for consideration of the award.

5) We are anticipating that the Scholarship Award will be made at the Oct. 2010 Monthly Dinner Meeting. The winner will be notified approximately 3-4 weeks after the deadline for submission of scholarship applications.

6) The award will be based on the candidate's academic standing, membership status in RPACNY, future goals as a PA, and current/future professional activities.

PLEASE PRINT ALL INFORMATION BELOW LEGIBLY. (YOUR APPLICATION MUST BE RECEIVED NO LATER THAN **SEPTEMBER 1, 2010.**)

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Name of PA Program _____

Anticipated Date of Graduation _____

Please check here if applicable:

_____ **YES, I am applying for membership along with my Scholarship application.** Enclosed is my check for \$10.00 for my membership. (If you are applying for membership, your scholarship application, membership application and check must be **MAILED** and be postmarked by the deadline date. If you are not sure of your RPACNY student membership status, please email the treasurer at tomlydia@google.com prior to applying.

PLEASE READ THE FOLLOWING STATEMENT, AND SIGN/TYPE BELOW WHERE INDICATED:

I hereby declare that to the best of my knowledge, all the information submitted in and/or accompanying this application is correct and complete. I fully understand, accept and acknowledge that the decision determining the award recipient by RPACNY is a final decision. I acknowledge that I will not be eligible for an award if the application information is incomplete, falsified, or if the application and membership application/funds are received after the deadline date. I give RPACNY permission to verify my academic standing at the PA program I attend.

Signature of Applicant

Date of Application

RPACNY SCHOLARSHIP APPLICATION FORM

For the Essay Component of this Application: Be sure to include your name, address, phone number and email address on each of the pages submitted. If submitting your application via email, please send your answers as a Microsoft Word attachment with your completed application.

ESSAY QUESTIONS

Please use a separate page for each one of the answers, and be sure to include the number and question at the top of the page. Please limit your answers to no more than one typewritten page (12 point Times Roman, single spacing with 1 inch margins all around) for each answer. **You need to answer all 4 questions for your application to be considered complete.**

Q1) Why do you wish to be a PA?

Q2) What has been your professional involvement or experience in health care? Please include any work-related or volunteer experience you have had prior to entering your PA training.

Q3) Where do you see yourself professionally in 5 years? Where and in what setting do you see yourself working?

Q4) What plans, if any, do you have in the future for giving back to the PA profession?

You must be a current student member of RPACNY during the time of application and receipt of the RPACNY award.

Should you have any questions or concerns regarding your membership status, or aspects of the application process, please contact the RPACNY Scholarship Chair, Tom Brown, at tomlydia@google.com.

PLEASE REVIEW YOUR APPLICATION FOR COMPLETENESS. If you are also applying for Student Membership in RPACNY at the same time, please download and complete the enclosed membership application from the RPACNY website at <http://www.rpacny.org/membership.htm>, and make your check payable to **RPACNY** for **\$10.00**. Your membership will be good for one full year from the date it is processed by RPACNY. If you are applying for membership at the time you are sending in your scholarship application, you **MUST MAIL** your application, check and application. **These materials must be postmarked by Sept. 1, 2010.**

Please mail via U.S. Postal Service all materials to:

**RPACNY Scholarship Chair
Tom Brown, RPA-C
3383 Foster Road
Tully, New York 13159**

If you are a current student member, please email your application materials to the Scholarship Chair at tomlydia@google.com

**ALL SCHOLARSHIP APPLICATIONS, MEMBERSHIP MATERIALS AND PAYMENT
MUST BE RECEIVED
NO LATER THAN SEPTEMBER 1, 2010 TO BE CONSIDERED ELIGIBLE.**