



Montana Academy of Physician Assistants Scholarship

Eligibility

Up to \$2000 will be awarded to successful applicants selected by the Scholarship Committee. Applicants for the scholarship award must meet the following criteria to be considered eligible:

- Matriculation in a CAHEA or successor agency approved Physician Assistant program
- Satisfactory academic standing
- Postmark of completed application and supporting documents before the stated deadline of July 1, 2018.

Timetable

Completed applications and supporting documents must be postmarked no later than July 1, 2018.

Awards will be distributed no later than August 1, 2018.

Selection

The Scholarship Committee of the Montana Academy of Physician Assistants will review each application and select two award winners using the following criteria:

- Completeness of application
- Professionalism (as demonstrated by application materials)
- Supporting recommendation from Program Director
- Academic Achievement
- Financial Need
- Interest in Primary Care medicine in Montana

Preference will be given to applicants who are residents of Montana; however, equal weight will be given each of the above criteria including residency status.

Re-Application

Recipients of scholarships are not excluded from consideration for an additional award. Applicants are encouraged to apply for scholarships each year they are eligible.

Submit completed applications to:
MTAPA Scholarship/Awards Committee
2021 Eleventh Avenue, Suite 1
Helena, Montana 59601
(406) 443-4037



**Montana Academy of Physician Assistants
Scholarship Application**

This application must be legible and complete for consideration.

Applicant's Last Name First Name Middle Initial

Mailing Address City State Zip Code

Permanent Address City State Zip Code

Phone Number (Day) Phone Number (Evening)

PA Program Attending Date of Graduation

PA Program Verification

I, _____ hereby affirm that the above-named student is fully matriculated and is currently in good academic standing in this Physician Assistant Program.

Program Director

Date

MTAPA Scholarship Application

Financial Information

Sources of Annual Income	Amount of Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Expenses	Total Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Signature

Date

Use reverse side for explanation of any portion of this application.

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