



## 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:

- Completion of at least 1 semester of school at an accredited PA program.
- Satisfactory academic standing: Cumulative GPA of 3.2 or better.
- Postmark of completed application and supporting documents before the stated deadline of May 15.

### **Timetable**

Completed applications and supporting documents must be postmarked no later than May 15<sup>th</sup>.

Awards will be distributed at the annual CME meeting in June.

### **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 and letters of recommendation.
- Two supporting letters of recommendation: one from Program Manager and another from someone else not related to the applicant (employer, professor, advisor, etc.)
- 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





# MTAPA Scholarship Application

## Financial Information

### Sources of Annual Income

### Amount of Income

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total:</b>	\$ _____

### Expenses

### Total Amount Owed

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total:</b>	\$ _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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