



Wisconsin Academy of Physician Assistants Foundation Post-Secondary Education Scholarship Application

The Wisconsin Academy of Physician Assistants Foundation wishes to offer a scholarship in the amount of \$1000 to the child of a WAPA member who is a high school graduate, or equivalent, within the past 10 years and who is interested in pursuing further education (college, technical degree, etc.). Criteria for selection are scholastic achievement, community involvement, history of overcoming adversity and references.

The deadline of application is September 1. The WAPA-F Board of Trustees will select recipients and the award will be presented at the fall WAPA conference (attendance is encouraged).

The application should be returned to:
WAPA Foundation
702 Eisenhower Dr, Ste A
Kimberly WI 54136

Each application packet must include:

- Application form
- High school transcript or GED, any post-secondary coursework, and ACT/SAT scores, if applicable. Applicants must be less than 10 years past expected high school graduation date.
- Description of activities since high school (see page 2)
- Personal statement: In 500 words or less, on a separate sheet of paper, describe your career goals, plans for schooling in the subsequent academic year and qualifications for the career selected.
- Letter of Recommendation: Attach at least one letter of recommendation confirming your character, abilities, intent to complete future educational program. Letter of recommendation can be from school instructors, counselors or administrators, employers, military supervisors, community leaders, preceptors, or friends (no relatives please).

Name: _____

Address: _____

Phone number: _____

Email address: _____

Signature of applicant: _____ Date: _____

Name of Parent or Guardian: _____

WAPA Member ID#: _____

Educational Information:

High School/GED: _____

Prior Educational Institution(s) attended (include dates & degree):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Intended course of study: _____

Educational Institution (current and/or future):

- 1. _____
- 2. _____

Qualifications:

1. Name activity and list of dates of community activities, special honors, recognition, and/or leadership opportunities:

2. Work experiences (Include job title, job description & dates of employment) *may attach resume*

3. Statement of adversity (comment on your path to current career goals). Please keep under 300 words.



Wisconsin Academy of Physician Assistants Foundation
Post-Secondary Education Scholarship
Recommendation Form

Candidate's Name: _____

Course of Study: _____

This scholarship award is presented to the child of a WAPA member who is a high school graduate, or equivalent, within the past 10 years and who is interested in pursuing further education (college, technical degree, etc.).

The above individual has asked for your recommendation for the WAPA Foundation Post-Secondary Education Scholarship. Please attach a recommendation letter to this form. Address the applicant's scholastic ability, character, attitude, abilities, leadership skills, communication skills and other attributes.

Since we remove all applicants' names from the application to help insure impartiality during scoring, we would ask that you use the applicant's name on this page only.

We would ask that you print or type your letters and that every effort is made to meet the deadline. The applicant must have the application sent by September 1.

Name of Reference: _____

Occupation: _____

In what capacity do you know this applicant? _____

How long have you known this applicant? _____