



Wisconsin Academy of Physician Assistants Foundation Scholarship Application

The Wisconsin Academy of Physician Assistants Foundation (WAPA-F) wishes to offer scholarship awards to two worthy high school seniors (includes seniors who graduated in 2010) who are children of WAPA members and who have expressed an interest in pursuing further education. Selection will be based on scholastic achievement and extracurricular activities which emphasize community service and references. Two awards will be given in the amount of \$1000 each.

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).

To apply for the Post-Secondary Education Scholarship, download the application on WAPA's website at www.wapa.org/foundation.htm.

The application should be returned to:

WAPA Foundation
702 Eisenhower Dr, Ste A
Kimberly WI 54136

Each application packet must include:

- Application form
- Current transcript of high school record, ACT and/or SAT scores
- Description of extracurricular activities
- 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 good standing, character, abilities and intent to graduate. Letters can be from school teachers, counselors or administrators.

Name: _____
(Last) (First) (Middle) Date of Birth

Address: _____

Phone Number: _____ E-mail Address: _____

Signature or applicant: _____ Date: _____

Name of parent or guardian: _____

WAPA Member #: _____

High School: _____

Major course of study intended: _____

EXTRACURRICULAR ACTIVITIES:(Attach additional sheet if necessary)

A. Name, activity and list of dates of participation (athletic, social, clubs, student government and non-school community activities)

Activity

Date of Participation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Name of special honors, office held, recognition:

C. Work experience:

(Include job title, job description & dates of employment)

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Recommendation Form – High School Senior

Candidate's Name: _____

High School: _____

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The above student has asked you for your recommendation for the WAPA Foundation Scholarship. Please attach a recommendation letter to this form and address the student's good standing, character, abilities and intent to graduate.

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

This portion of the application is very important and we would ask that you print or type your letter and that every effort is made to meet the deadline. The student must have the application packet submitted by September 1.

Name of Reference: _____

Occupation: _____

In what capacity do you know this student? _____

How long have you known this student? _____