

Wisconsin Academy of Physician Assistants Foundation Post-Secondary Education Scholarship

The Wisconsin Academy of Physician Assistants Foundation wishes to offer a scholarship award in the amount of \$1000 for a child of a WAPA member **not** a high school senior, 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 March 1. The WAPA-F Board of Trustees will select recipients and the award will be presented at the WAPA Spring CME Conference. The award will be available for the subsequent academic year. The application should be returned to the WAPA Foundation, PO Box 1109 Madison, WI 53701-1109.

Each Application must include:

1. WAPA-F application form
2. Current or past educations transcripts from last 3 years of any course work (full or part-time), ACT and/or SAT records (if applicable), GRE, other courses completed
3. Description of activities since high school (see page 2)
4. Personal statement: in 500 words or less, typed on a separate sheet of paper, please describe your career goals, plans for schooling in the subsequent academic year and qualification for the career selected.
5. Special essay: In 500 words or less, typed on a separate sheet of paper, please describe a favorite book and explain why it is your favorite.
6. Letters of Recommendation: Please attach three letters of recommendation, at least one from a school instructor, counselor, or administrator confirming your character, abilities, intent to complete future educational program. Other letters of recommendation can be from employers, military supervisors, community leaders, preceptors, or friends (no relatives please).

Name:

Address:

Phone number:

Email address:

Name of Parent or Guardian:

Signature of applicant:

Date:

Social security number:

To insure impartiality, applicant's names will be removed from the applications and assigned a number.

WAPA ID#

Educational Information:

High School/GRE:

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:

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

B. Work experiences (may attach resume):

Job Title

Job Description

Dates of Employment

WAPA ID#

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

Wisconsin Academy of Physician Assistants Foundation Scholarship

Recommendation form – Post-Secondary Education Award

Candidate's Name:

Course of Study:

This scholarship award is presented to a child of a Wisconsin Academy of Physician Assistant (WAPA) member, interested in pursuing further educations (college, technical degree, etc.).

The above individual has asked for your recommendation for the WAPA Foundation Scholarship. Please attach a recommendation letter to this form. Please address the applicant's scholastic ability, character, attitude, abilities, leadership skills, communication skills and other attributes. Since we remove all applicant's names from the application to help insure impartiality 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 March 1.

Name of Reference:

Occupation:

In what capacity do you know this applicant?

How long have you known this applicant?