

High School: _____

Major course of study intended: _____

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

Extra curricular 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: _____

Dates of Participation: _____

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

B. Work experience:

Job Description: Dates of Employment

Wisconsin Academy of Physician Assistants Foundation Scholarship

Recommendation Form – Senior Students

Candidate's Name: _____

High School: _____

The scholarship awards are presented to senior high school students who have demonstrated excellence in scholastic achievement, have participated in extra-curricular activities, have interest in pursuing a college education, and are children of Wisconsin Academy of Physician Assistants (WAPA) members.

The above student has asked you for recommendation for the WAPA Foundation Scholarship. Please attach a recommendation letter to this form. 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.

This portion of the student's application is very important and we would ask that you print or type your letters and that every effort is made to meet the deadline. The student must have the application sent by March 1. Please address the student's scholastic achievement, intent to graduate and pursue a college education, character, attitude, abilities, leadership skills, communication skills and other attributes.

Name of Reference: _____

Occupation: _____

In what capacity do you know this student? _____

How long have you known this student: _____

Wisconsin Academy of Physician Assistants Foundation Scholarship

Recommendation Form (new scholarship - not necessarily a senior student)

Candidate's Name: _____

High School: _____

This scholarship award is presented to a child of a Wisconsin Academy of Physician Assistant (WAPA) member, interested in pursuing further education (college, technical degree, etc.) Criteria for selection are scholastic achievement, community involvement and references.

The above student has asked you for recommendation for the WAPA Foundation Scholarship. Please attach a recommendation letter to this form. 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.

This portion of the student's application is very important and we would ask that you print or type your letters and that every effort is made to meet the deadline. The student must have the application sent by March 1. Please address the student's scholastic achievement, intent to graduate and pursue a college education, character, attitude, abilities, leadership skills, communication skills and other attributes.

Name of Reference: _____

Occupation: _____

In what capacity do you know this student? _____

How long have you known this student: _____