

Student Profile:

Are you self-supporting? _____

If yes, number of dependants (including yourself): _____

Are you partially supported by someone? _____

What is the total amount of financial aid you will receive this semester?

Loans: _____

Grants: _____

Scholarships: _____

Other: _____

Total: _____

What financial programs have you applied for?

Alaska Student Loan: _____

Federal Financial Aid: _____

Other: _____

1. Describe those achievements for which you would like to be recognized by the Alaska Academy of Physician Assistants.

2. What professional goals would you like to achieve as a Physician Assistant following graduation?

In order to process your application, we will need you to attach the following documentation to this application:

Copy of your Federal Aid Form

At least two letters of references (one of which must be a faculty member)

Copy of academic transcripts from your first year of PA education

I will provide proof of Alaska residency by at least one of the following (please initial one only):

_____ Copy of Alaska driver's license

_____ Copy of Permanent Fund Receipt

_____ Copy of Voter Registration

I will provide proof of student membership in the AAPA (please send copy of membership card and initial it).

I understand that I must be student member of the AKAPA to apply for this scholarship and that membership is free for students (please initial). _____