



## SCHOLARSHIP APPLICATION

Please type or print legibly and complete the following information:

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NAME: LAST, FIRST, MI

SPAP & AAPA MEMBERSHIP #

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MAILING ADDRESS

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DAYTIME PHONE

EVENING PHONE

E-MAIL ADDRESS

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PA PROGRAM

GRADUATION DATE

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THE DEADLINE FOR APPLICATIONS TO BE POSTMARKED IS **APRIL 15, 2009**.  
PLEASE ENSURE THAT THE FOLLOWING ARE ENCLOSED:

- Fully completed application
- Letter from program director or faculty advisor

This letter should describe the applicant's active involvement in the pursuit of a pediatric career. We recommend the letter's format resemble that of a letter of recommendation, and further encourage that the faculty member include highlights of the student's academic career which she/he feels is particularly pertinent to your application for this scholarship.

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**P**

*lease write a summary in 500 words or less describing how you intend to contribute to pediatrics as a physician assistant. Be sure to include personal and professional activities related to your interest in pediatrics as well as your future professional goals.*

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**Please return this application to:**

Attn: SPAP Student Scholarship  
950 North Washington Street  
Alexandria, VA 22314

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**FOR OFFICE USE ONLY**

AAPA MEMBER ( ) SPAP MEMBER ( )  
APPLICATION/ESSAY ( ) LETTER ( )