



## New York State Society of PAs

174 South New York Road; PO Box 606, Oceanville, NJ 08231

Telephone 917-679-4005

Fax 1-609-573-5064

## 2018 NYSSPA Scholarship Application

**Please** complete this eligibility checklist before proceeding. You must be able to answer **YES** to each of the following criteria in order to be eligible for the NYSSPA Scholarship.

- Are you a NYSSPA Member?
- Are you currently attending an ARC-PA accredited PA Program in NY?
- Are you currently in the professional phase of a PA Program?
- I have NOT received a NYSSPA scholarship before!
- I am NOT a NYSSPA Board Member or Committee Chair

### Scholarship Guidelines

- Application must be filled out in its entirety. The application must be typed or printed NEATLY. Incomplete applications and those that are illegible will NOT be considered.
- Do not attach additional sheets, except where requested. The Scholarship Committee will not consider additional information.
- Please do not change the format of the application. Applications not in the original format will not be considered.
- Postmark by September 14, 2018 and send to: **New York State Society of PAs, Attn: Scholarship, 174 South New York Road; PO Box 606, Oceanville, NJ 08231**. No hand deliveries will be accepted. Applications received postmarked after September 14, 2018 **will not** be considered.
- Applications will be considered based on financial need, academic performance and professional activities.
- Awards will be made without regard to race, color, creed, sex, national origin, or marital status.
- Award amount and the number of scholarships to be awarded are based on availability with a minimum of six (6) \$1000 scholarships.
- Award recipients will receive complimentary registration to the NYSSPA CME Conference. Scholarships are awarded at the Presidential Dinner at the NYSSPA Conference. All recipients are **strongly** encouraged to attend.



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**Section I - Personal Information**

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Last Name	MI	First Name	Social Security #
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Permanent Address

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City	State	Zip Code	Day Telephone
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Present Address (if different from above)

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City	State	Zip Code
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Name of PA Program	Date of Graduation (month/year)
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NYSSPA Membership #

I hereby declare that, to the best of my knowledge, all information contained on this application is correct and complete. I understand that a corporate sponsor may request a copy of this application. I also understand that all judging is final. I further declare that I will use any award funds to further my education as a PA.

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**Applicant's Signature**

**Date**



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**Section II - Program Director Reference**

I hereby certify that the above applicant is enrolled in the professional phase of our program and is in good academic standing and has a previous passing academic record.

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**PA Program Director OR Designated PA Program Faculty**

**Date**

**Section III - Academic History**

Please include the following information on an attached sheet. Grades reported in alternative forms will make the application ineligible. Thank you for your cooperation.

- List all professional phase courses. If this is the first semester of your professional phase, please submit your grades from the last two semester's courses taken.
- To calculate your GPA
  - Assign each grade a quality point number (Quality Points = Grade X Credits)
  - Divide the total amount of quality points by the amount of credits attempted.
  - Total GPA = Quality Points/Credits Attempted
- Program Director Signature OR Designated PA Program Faculty

**Example**

Course#	College	Course Description	Grade	Credits	Quality Points	
PHAS 320	PA Program	Pharmacology I	4.0	4.0	16.0	
PHAS 330	PA Program	Clin Lab Med	3.7	4.0	14.8	
						<b>GPA 3.85</b>



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**Section IV - Financial Information**

Please include a letter from your Financial Aid Department that verifies your tuition assistance and expenses for your PA Program.

<b>Personal Assets</b>		<b>Expenses</b>	
Income (employment, spouse contribution, parents, family, gifts)		Tuition	
Savings/Cash/ Checking Accounts		Books/Supplies/ Fees/Equipment	
<b>Total</b>		Program related transportation	
<b>Tuition Assistance</b>		Room and Board	
Grants		Medical Insurance	
Scholarships		<b>Total</b>	
Loans			
<b>Total</b>			

**Section V - Community and Volunteer Services**

Please attach a list of community and volunteer services done while in the Professional Phase of your PA Program. Please format the list as shown below.

**Example**

Activity	Role	Time Commitment	Dates of Participation
Health Fair	Committee Member	2 hrs/week, day of fair	2/14-5/15



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**Section VI - Essay**

Please answer the following question in a one page, typewritten essay on an attached page. Why did you choose the PA profession and what are your future goals?



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**Scholarship Application Checklist**

**Section I**

- Your Signature

**Section II**

- Program Director or Representative's Signature

**Section III**

- List of Courses with calculated GPA
- Signature of Program Director

**Section IV**

- Financial Aid Letter

**Section V**

- List of Community and Volunteer Service

**Section VI**

- One page essay



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**Grade Worksheet**





