



SOCIETY OF ARMY PHYSICIAN ASSOCIATES

APPLICATION

SAPA GENERAL SCHOLARSHIPS

Eligibility: Qualifying applicants (see below) who have been accepted into higher learning institutions.

(Vocational training must lead to a licensure or a certificate to practice a specific trade.)

Current SAPA members

Children of current SAPA members

Children of deceased SAPA members

Grandchildren of current SAPA members

Grandchildren of deceased SAPA members

Spouse of current SAPA members

Spouse of deceased SAPA members

Note: "Members" includes ALL categories of SAPA membership.

"Deceased" refers to a current SAPA member at the time of death.

Instructions: 1. INCOMPLETE or ILLEGIBLE applications WILL NOT be considered.

2. Do not change the format of the application.

3. Please answer each question to completion and print your responses.

4. Do not include documents that are not requested.

5. Attach a Letter of Acceptance from the college/university/vocational school.

6. Attach a recent transcript from the most current college/university/vocational school.

7. The application MUST be submitted no later than July 30<sup>th</sup> of each year.

Date of this application \_\_\_\_\_

Name of the applicant \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

SAPA member (sponsor's) Name \_\_\_\_\_

Relationship to the sponsor \_\_\_\_\_

Year of graduation from high school \_\_\_\_\_

List your achievements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your volunteer activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your expected field of study \_\_\_\_\_

Your current highest degree \_\_\_\_\_ Major \_\_\_\_\_

Minor \_\_\_\_\_

Your expected highest degree \_\_\_\_\_

College/university/vocational school of interest \_\_\_\_\_

SUBMIT THIS APPLICATION TO:

SAPA GENERAL SCHOLARSHIP COMMITTEE

P.O. BOX 623

MONMOUTH, IL 61462

OR

FAX: (309) 734-4489

EMAIL TO: [orpotter@aol.com](mailto:orpotter@aol.com)

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