VDH-OHE-PHYSICIAN ASSISTANT SCHOLARSHIP PROGRAM
2016 APPLICATION CHECKLIST AND REQUIREMENTS

This checklist must be reviewed thoroughly and submitted as part of a completed application. Incomplete applications will not be considered for award and failure to comply with any of these application requirements will result in the applicant being ineligible for award.

The Physician Assistant scholarships are for students enrolled in accredited Physician Assistant Programs in The Commonwealth of Virginia (The Commonwealth). Physician Assistant Programs are defined as those leading to a Master's of Physician Assistant (MPA). Under the law, all scholarship awards are made by an Advisory Committee appointed by the State Board of Health. The Office of Health Equity (OHE) of the State Health Department serves as the staff element to the Advisory Committee and has no role in the determination of scholarship recipients. The basis for determining scholarship recipients is established by the Advisory Committee with due regard given to scholastic attainment, financial need, minority status, resident of a Medically Underserve Area (MUA), character, adaptability to the Physician Assistant profession and willingness to work in an underserved area upon completion.

- ☐ Applicant must be a United States Citizen , National, hold an immigration visa (temporary or student visa) or classified as a political refugee as verified by a social security number included in the application.

- ☐ Applicants that are residents of the State of Virginia (VA) for at least one year may be given preferential considration**.** Verification provided must prove that the applicant has lived in VA for at least one year (ex. Renewal date on driver's license, previous year on voter registration card, motor vehicle registration/employment records/deed of property/ sources of financial support, etc if they reflect multiple years). Please provide one of the following appropriate forms of verification: 1.) State Income Tax record or statement 2.) Driver's license with renewal information 3.) Voter registration card 4.) Motor vehicle registration 5.) Employment record (including a written offer letter) 6.) Ownership of real property 7.) Financial support records 8.) Military Records 9.) Proof of social or economic hardship within and outside the commonwealth.

- ☐ Applicant must attach a one page Narrative Summary. **"Section 7-Narrative Summary" must be printed at the top of the page. The applicant should sign and date the bottom of the page. (The Narrative Summary will not be accepted if not submitted as stated above.) In one page or less**, the summary must briefly explain the significance of the Physician Assistant Scholarship in pursuing his/her educational goals, any school/community activities, and any skill-set that is pertinent to the Physician Assistant profession. It is important that the applicant consider including plans for professional practice in a MUA in Virginia following graduation. **If the Narrative Summary exceeds the one page limit, it will not be accepted**.

- ☐ Applicant must complete **Section 8** and attach **two (2) letters of reference** in separate sealed envelopes with the references' signature across the seal. At least one reference letter must be from a former faculty member or teacher. Request references in advance and include with the application package. **Letters of reference will not be accepted separately.**

- ☐ Applicant must attach curriculum vitae or resume.

- ☐ Applicant must be accepted to or enrolled in an accredited Physician Assistant Program in the State of Virginia. The applicant must have the Dean/Director/Chair of the Applicant's Physician Assistant Program complete **Section 9** of the application, provide an **original signature** and have it returned to him/her to be submitted with the application. **Section 9 will not be accepted if it is not submitted with the application**

- ☐ Applicant **must attach an official transcript** of grades from all schools attended. **The transcript will not be accepted if it is not submitted with the application**. The applicant must demonstrate a cumulative grade point average (GPA) of at least 3.0 if currently enrolled in and attending a Physician Assistant Program.

- ☐ Applicant must demonstrate financial need verified by a Financial Aid Officer/authorized person. The applicant must file one or more of the following: 1) Financial Aid Form (FAF) of the College Scholarship Service 2) the Family Financial Statement (FFS) of the American College Testing or 3) the Free Application for Federal Student Aid (FAFSA) with the institution they are attending or will attend for determination of financial need. The recommendation of the Financial Aid Officer must be based upon one of the three above referenced need analysis documents and must include a specific dollar amount determined to be the applicant's financial need. The Financial Aid Officer/Authorized Person must provide **original signatures** in **Section 9** of the application.

- ☐ **Applications must be typed and have all appropriate documents attached**. Applicants are advised to keep a copy for their records. Application open period is **May 1 to June 30** for the fall academic year. Applications are not accepted prior to May 1st, and must be **postmarked by June 30th.** Please mail completed applications to:

Virginia Department of Health, Office of Health Equity
ATTN: Workforce Incentive Programs
109 Governor St., Suite 714 West Richmond, Virginia 23219

If you have any questions, please contact The Office Health Equity at 804-864-7435

SECTION 1 – PERSONAL DATA

Date of Application: ______________________

Legal Name: ____
Last First MI Maiden

Preferred Name: ____

Address: ____
Street Address

____
City State Zip

Day Phone Number: ______________________ Evening Phone Number: ______________________

Email Address: ____

Social Security Number: ______________________ Sex: Please Select One

Date of Birth and Age: ______________________ Place of Birth: ______________________

Race/Ethnicity: Please Select One Other: ______________________

How long have you been a resident of Virginia? ______________________

Do you have an active military service obligation? Please Select One

Congressional District: (Please check with your voter registration office or visit http://nationalatlas.gov/printable/congress.html)

What degree do you currently hold? Please Select One

Have you ever received a Physician Assistant Scholarship? Please Select One

If yes, in what year(s)? ______________________

If you had a different name when you applied previously, please provide it here: ______________________

What school of Physician Assistant were you attending during that time? ______________________

Do you speak another language? Please Select One If yes, please list: ______________________

ALTERNATE CONTACT PERSON (OTHER THAN APPLICANT)

Name: ____

Last First MI

Address:

Street Address

City State Zip

Phone Number: ______________ Relationship to Applicant: ______________

SECTION 2 – PHYSICIAN ASSISTANT EDUCATION

Physician Assistant Program: ______________

Student Identification or
Social Security Number: ______________

Address:

Street Address

City State Zip

Phone Number : ______________

☐Full-time Student: ☐Part-time Student: If part-time, how many credit hours are you taking? _____

Have you transferred to this school from another Physician Assistant Program? Please Select One

Name of previous school: ______________

Date of enrollment in present Physician
Assistant Program: Month Day Year

Expected date of graduation: Month Day Year

SECTION 3 – PRIOR EDUCATION

Please check the Program types that you have successfully obtained.

☐ Bachelors ☐ Masters ☐ Doctorate ☐ other _____

Current License:______________________Current License Number:________________

	School	Diploma/Degree	City and State	Dates of Attendance	Reason for Leaving
1.				to	
2.				to	
3.				to	

SECTION 4 – WORK EXPERIENCE

☐ *Check here if you have never been employed, and skip to Section 5*

	Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
1.				to	
2.				to	
3.				to	

SECTION 5 – OTHER HEALTH-RELATED/CLINICAL AND/OR CIVIC EXPERIENCES

☐ *Check here if you have never been involved in any health related and/or Civic Activities, and skip to Section 6*

	Position	Organization	City and State	Dates of activities
1.				to
2.				to
3.				to

SECTION 6 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? Please Select One

Please indicate:

SECTION 7 – NARRATIVE SUMMARY (Must submit as an attachment on a separate sheet)

Briefly explain, *in one page or less*, the significance of the Physician Assistant Scholarship in pursuing your educational goals. Also, include school and/or community activities as well as any skill-set that is pertinent to your profession. It is important that you consider including plans for professional practice in a MUA in Virginia following graduation. Applicant **must** label the top of the attached sheet **"Section 7-Narrative Summary"**, print name, provide an original signature, and the current date. **If the Narrative Summary exceeds the one page limit, it will not be accepted**. Be sure to include the following:

1. Career Objective-What you anticipate to accomplish or career objectives
2. Current Competences and Potential Growth -How the program will help build on your current competencies
3. Leadership Capabilities and Experience- Cite leadership capabilities and describe your leadership experience(s)
4. Cite previous teaching opportunities (if any)
5. Describe your interest and willingness to teach in Virginia, including the type of educational program/institution.

SECTION 8 – CONFIDENTIAL REFERENCE FORM

Applicant must attach **two (2) reference letters** in a sealed envelope with the references' signature across the seal. At least one reference must be from a former faculty member or teacher. References are a requirement of this application, so request the reference letters in advance and include with the application package.

TO BE COMPLETED BY THEAPPLICANT: This section is to be completed and signed by the applicant **before** it is given to the person providing the reference. References must be returned to the applicant in a sealed envelope, with the reference's signature across the seal.

Applicant's Name: ____

Applicant's Address: ____
Street Address

____
City State Zip Code

Home Number: ____________________ Work Number: ____________________

Email Address: ____

I hereby waive my right to examine this reference material.

Signature of Applicant: ____

Date: __________

TO BE COMPLETED BY THE REFERENCES: The above-named applicant has listed you as a reference for a Physician Assistant Scholarship application. This scholarship is designed to increase the number of Physician Assistant needed to expand student capacity in Virginias Medically Underserved Areas. Please provide the following items:

- A brief statement (in one page or less) which includes how long and in what capacity you know the applicant as well your opinion of as his/her abilities and characteristics related to his/her potential for master's/doctoral level work and as a potential Physician Assistant. Also, address his/her commitment to Physician Assistant education, scholastic ability, intellectual curiosity, interpersonal skills, and ability to function as a member of a community of scholars. If possible, please cite examples.
- Signed Section 9 – Confidential Reference Form provided by the applicant.

Please return the one page statement and this form to the applicant in a sealed envelope with your signature across the seal.

Reference Name: ____

Title: ____

Institution: ____

City/State: ____________________ **E-mail**: ____________________

Please use this page as a guide to request letters of reference.

SECTION 9 – FINANCIAL NEED RECOMMENDATION

To be completed and signed by the Financial Aid Officer or Program Director

This section must include a monetary recommendation. The Physician Assistant Scholarship is a need-based aid Program; therefore, the amount recommended must be documented by one of the accepted uniform methodology needs analysis systems. Please use the most recent needs analysis on file for this student to recommend the amount of scholarship required to meet need, after taking into consideration other financial aid already received by the applicant.

1. Applicant Name: ________________

2. Student Identification or Social Security Number ____________________

3. **Student Costs and Resources:**
   Student Aid Budget for Applicant ________________________
   Expected Family Contribution (EFC) ________________________
   Financial Aid Received (excluding loans) ________________________
   Remaining Need ________________________
   Cost of Program for One Year
   (including tuition, fees, books, uniforms, etc.) ________________________

4. **Scholarship Recommendation:**
   The Physician Assistant Scholarship Committee reviews and makes recommendations on the scholarship award annually, as funding allows. The award range for a graduate applicant varies depending on the number of applicants and the Appropriation by the Virginia General Assembly. Awards are approved by the commissioner.

   After careful review of the applicant's financial situation, I recommend a Physician Assistant Scholarship award of (*check one*):

   ☐ $5,000 to $9,999 annually
   ☐ $10,000 to $14,999 annually
   ☐ $15,000 and up annually

5. If your recommendation is less than both the "remaining need" and the "maximum allowable" reflected above, please explain:

_____

a) Needs Analysis Method Used: _____
Please indicate which of the following methods was used to determine the applicant's financial need and the academic year that the applicant is requesting assistance. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

☐ CSS	☐ ACT	☐ PELL	☐ FAFSA	Academic Year : 2016 to 2017

Please provide an original signature from authorized personnel.

____ ________________________
Name of Financial Aid Officer/Authorized Personnel (Please Print) Phone Number

____ ________________________
Signature of Financial Aid Officer/Authorized Personnel Date

E-Mail Address: ____

SECTION 10 – CERTIFICATION STATEMENT

I, the undersigned, hereby certify that all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Physician Assistant Scholarship Advisory Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Physician Assistant Scholarship.

Signature of Applicant   Date

Full Name (Please Print)

Any persons dissatisfied with the award or denial of an application to become a scholarship participant must notify staff of the Physician Assistant Scholarship Advisory Committee within 14 days of receiving notification of the award or denial of an application.

For marketing purposes, how did you learn about this scholarship opportunity? ______

Thank you for your interest in this Program!

Staff Record Only: ☐ *Application complete upon receipt* ☐ *Additional information requested*