

DEPARTMENT OF PHYSICIAN ASSISTANT  
SCHOOL OF ALLIED HEALTH SCIENCES

ACADEMIC SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_

LOCAL ADDRESS/  
TELEPHONE: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

CITIZENSHIP/RESIDENCY:

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Naturalized: Yes \_\_\_\_\_ No \_\_\_\_\_  
Resident of Texas: Yes \_\_\_\_\_ No \_\_\_\_\_

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COLLEGE/UNIVERSITY ATTENDED (include dates of attendance):

College/University	Years Attended	Degree Confirmed?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDICATE THOSE ITEMS BELOW WHICH APPLY:

Membership in an academic honors society: (name/criteria for admission)

Dean's list: (institution/semesters)

Competitive academic scholarship received: (name/criteria)

Nomination as national merit scholar: (year)

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**WORK EXPERIENCE:** Please list most recent work experience only and that which was done while attending college/university. Indicate hours per week of work and hours attending school .

1) Place: \_\_\_\_\_  
Duties: \_\_\_\_\_ Hrs/wk work \_\_\_\_\_  
Years: \_\_\_\_\_ Sem hrs enrolled \_\_\_\_\_

2) Place: \_\_\_\_\_  
Duties: \_\_\_\_\_ Hrs/wk work \_\_\_\_\_  
Years: \_\_\_\_\_ Sem hrs enrolled \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ (If yes, hours/week \_\_\_\_\_)  
No \_\_\_\_\_

**VOLUNTEER EXPERIENCE:** (most recent only)

1) Place: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Years: \_\_\_\_\_

2) Place: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Years: \_\_\_\_\_

**COMMUNITY INVOLVEMENT:** (most recent only)

1) Place: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Years: \_\_\_\_\_

2) Place: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Years: \_\_\_\_\_

With regard to **work/volunteer/community experience**, how do you feel these might integrate with the physician assistant profession?

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Have you had any other "**people-oriented**" **experience**/commitments which make you a more desirable candidate to become a physician assistant?

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**ESTIMATED STUDENT EXPENSES/INCOME**

Estimated Annual Expenses

Tuition	\$ _____
Books & Supplies	_____
Equipment	_____
Other Education Costs	_____
Moving/Relocation Costs	_____
Housing (mortgage, rent)	_____
Utilities (electric, gas, cable, telephone, water)	_____
Food	_____
Clothing	_____
Miscellaneous Personal	_____
Car (payments)	_____
Car Repairs	_____
Car Expenses (gas, parking, etc.)	_____
Insurance (health, life, auto)	_____
Entertainment	_____
Day care	_____
Unexpected Crises	_____
Total	\$ _____

Estimated Annual Income

Work	
Self	\$ _____
Spouse	_____
Financial Aid	
Loans	_____
Grants	_____
Scholarships	_____
Other	
Savings	_____
Miscellaneous	_____

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**EDUCATIONAL/ECONOMIC HARDSHIPS:**

Elaborate on any educational and/or economic hardships you have encountered. This might include coming from a high school with low average SAT/ACT scores, coming from a high school with below average TAAS test results, coming from a school district where 50% or less of graduates go to college. It also could be if you are an individual diagnosed with physical or mental impairment that substantially limited participation in education experiences or if you are first generation to attend college. An economic hardship would be that your parents (regardless of your age) qualified as being economically disadvantaged.

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Have you applied for any other financial assistance? Describe briefly.

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List any other **special circumstances** which have contributed to your need for financial assistance:

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Any additional criteria for consideration of your application?

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Justify why you believe you are one of the most qualified candidate applying for this scholarship award and why it should be awarded to you.

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I certify the information that has been given above is accurate to the best of my knowledge. I understand that failure to provide accurate information required to meet the criteria for receipt of a scholarship will result in disqualification for scholarship consideration and/or repayment of scholarship monies received. I also understand that if I am awarded a scholarship, I will attend the award ceremony unless travel from a clinical site (>100 miles) prohibits it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date