

**ASSOCIATION of PHYSICIAN ASSISTANTS IN ONCOLOGY
ANNUAL SCHOLARSHIP**

*A \$2500 scholarship awarded at the annual AAPA National Conference.

*\$500 of the total scholarship is allotted for the recipient's travel expense; the other \$2000 is unrestricted

*The winner is strongly encouraged to receive the scholarship in person at the conference. If this is not possible, the total amount awarded to the winner is \$2000 (travel expenses deducted from the initial \$2500)

Eligibility Criteria (must meet all of the following in order to be eligible)

- AAPA member (or applicant)
- Clinical phase (completed basic science courses) PA student in a ARC-PA-accredited program
- Applicant has not previously received a PA foundation or other specialty organization scholarship
- Applicant has a strong interest in pursuing a career in the oncology field and must have completed or plan to complete a clinical rotation in and oncology specialty
- Applicant must not graduate before May of application year (2010).
- Applicant must have a minimum GPA of 3.0.

INSTRUCTIONS- *please read carefully.*

- Information should be typed or neatly hand-written.
- Brevity is encouraged, but additional sheets may be included if needed to fully respond to questions.
- Additional unsolicited information that does not pertain directly to the questions in the application will not be forwarded to the selection committee.
- The application package must include one copy of the application form, one copy an official transcript of the PA program GPA, one letter of reference, and two passport-style photographs of the applicant that are suitable for publication. The photos should be placed in a separate unsealed envelope with the applicant's name printed on the back of each photo.
- All materials must be postmarked by March 1, 2010 and sent to:

Michele Taffaro-Neskey, PA-C
APAO Scholarship Committee
4306 Alton Road, 3rd Floor
Miami Beach, FL 33140

2010 APAO SCHOLARSHIP APPLICATION

PART I: PERSONAL INFORMATION

First Name Middle Name Last Name Social Security Number

Address to which all correspondence should be sent; if this changes during the application process, notify APAO Email Address:

City State Zip Daytime Telephone

CAAHEP-Accredited PA program attending Graduation Date

Current AAPA Student Member -- membership # is

*(AAPA membership is required)

Applying for AAPA Membership at this time. (Please include copy of application)

PART II: PA PROGRAM DIRECTOR REFERENCE (Note: Director may appoint designee.)

I hereby certify that the above applicant is enrolled in our program as stated in this application, is in good academic standing, and has an accumulated G.P.A. as a PA student as listed below.

PA Program: Applicant's PA GPA:

*G.P.A. submitted MUST coincide with official transcript

PA Program Director/Designee Signature Date

PART III: ACADEMIC HISTORY

Include only one (1) copy of your cumulative PA program grades. If an official transcript is unavailable, a printed grade report signed by your program director is acceptable. Only PA program grades will be accepted.

PART IV: LETTER OF REFERENCE

Include only one (1) recent and original letter of reference on official letterhead from a physician or physician assistant who can attest to your ability to work in a clinical and/ or research setting, preferably in oncology. Please have the evaluator mail the letter of reference directly to Latasha Taylor (above address) in a sealed and signed envelope.

Name of Evaluator Position

Phone Number and/ or Email of Evaluator

PART V: INFORMATIONAL QUESTIONS

List your extracurricular and volunteer activities in school, in the community, and in the profession. Include any other activities during the past five years that you feel are relevant to this application. Be sure to include any oncology-related activities. Please stay brief. Use only allotted space provided. If absolutely necessary, attach extra page.

Activity	Role/Position	Date (year)
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PART VI: PERSONAL MOTIVATION QUESTIONS

Use only allotted space if possible. Attach an extra page if needed.

1. What is your motivation for choosing to work in Oncology as a PA?

2. How will you impact oncology patients in your career as a PA?

I attest that the contents of this scholarship application are true and accurate. I understand that a corporate scholarship sponsor may request a copy of this completed application form. I also agree that if I receive a scholarship, my photograph and any correspondence may be published in AAPA/APAO publications. I understand that all judging is final.

Signature of Applicant	Date
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OFFICE USE ONLY: Postmark date: ____ Postcard sent: ____ Letter sent: ____ AAPA ____ ACCRED ____
Letter ____ Grades ____ Photos ____ Direct ____ Sign ____