IOWA PHYSICIAN ASSOCIATE SOCIETY ANNUAL SCHOLARSHIP APPLICATION

400 East Court Ave, Suite 126, IA 50309
Email: director@iapasociety.org

IPAS annual scholarships are awarded to deserving students who are presently enrolled in an approved in-state PA Program and a member of IPAS. One student per Iowa PA program may be awarded a $1,000 scholarship.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

PA Program Currently Enrolled In: _____

Year Entered Into Program: _____

PA Leadership Roles:

- National: _____
- State: _____
- Other: _____

Volunteer Work:

- National: _____
- State: _____
- Community: _____

Please attach one copy of your transcript and a one page narrative explaining why you wish to be considered for the IPAS Scholarship.

Questions? Email: director@iapasociety.org

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515-750-2310 (Ext. 9) | Email: director@iapasociety.org

Application Scoring

Student applications must include the following:

- Completed scholarship application
- Photocopy of official transcript(s) from his or her previous college/university.
- A one-page narrative to aid the committee's decision including any details the student believes will support the committee's decision, such as overcoming hardships, barriers, or demonstrating resilience
- Signed *Verification of Academic Standing* form by PA program representative

Applications are evaluated according to the following categories and scoring schemes.

Leadership Demonstrated in school, community activities	25 pt. Maximum
Academic Achievement Transcripts, GPA, previous degrees	20 pt. Maximum
Understanding of the PA Concept Drive, motivation, dedication to enter profession	25 pt. Maximum
Involvement Dedication, involvement in student, civic & professional organizations	20 pt. Maximum
Other Intangibles	10 pt. Maximum
Total Maximum Points Per Applicant Package	100 pt. Maximum

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VERIFICATION OF ACADEMIC STANDING
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Verification of Academic Standing

I, _____ (name) _____ (title) at _____ (PA program) confirm that _____ (student name) is currently enrolled at _____ (PA program) and is in good academic standing, has demonstrated consistent academic progress and remains in compliance with the academic standards set forth by the program.

PA Program Representative

Signature:_____ Date:_____