

**Maryland Academy of Physician Assistants  
Evie Wollman Memorial Scholarship Application**

**2017**

**Eligibility**

1. Second year physician assistant student.
2. Current Maryland resident, from any Maryland PA program.
3. Current MAPA member. If not, application for membership can be sent in with scholarship application.
4. Application must be **postmarked by Friday July 21, 2017.**

**Part I – Personal Information (please PRINT legibly)**

Name \_\_\_\_\_

MAPA number \_\_\_\_\_

(OR submit membership application with this scholarship application.)

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Maryland Residency from (mth/yr) \_\_\_\_\_

PA Program \_\_\_\_\_

Expected Graduation Date (mth/yr) \_\_\_\_\_

**Part II – Official Transcript**

Please submit an *official transcript* from the physician assistant program /institution you are attending to:

MAPA Scholarship  
P.O. Box 1252  
Millersville, MD 21108

**Part III – Community Service/Volunteer Experience**

Please list, if applicable, past or current community service/community experience(s).

1. Organization: \_\_\_\_\_  
Dates – from (mth/yr) \_\_\_\_\_ to (mth/yr) \_\_\_\_\_ Approx. hours per month \_\_\_\_\_  
Brief description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Organization: \_\_\_\_\_  
Dates – from (mth/yr) \_\_\_\_\_ to (mth/yr) \_\_\_\_\_ Approx. hours per month \_\_\_\_\_  
Brief description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV – Narrative / Essay**

On an attached sheet, please describe how your first year of PA school and clinical time have effected your view of current medicine practices and how it relates to physician assistants. The narrative must be 500 words or less, word processed, and double-spaced.

*For objective grading of narratives, please do not put your name on the attached narrative.*

*Narratives that have names on them will be eliminated from the application process.*

**Part V – Written letter of reference from Program Director**

<b>Submission Checklist (All in 1 packet)</b>
<input type="checkbox"/> Completed application
<input type="checkbox"/> Transcript
<input type="checkbox"/> Community Service / Volunteer Experience hours (if applicable)
<input type="checkbox"/> Narrative / Essay
<input type="checkbox"/> PA program recommendation completed

