



## Summit Healthcare Medical Staff Physician Assistant Scholarship Guidelines for 2018-2019

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### TO SCHOLARSHIP APPLICANTS:

Before filling out the application form, please read the following:

#### I. ELIGIBILITY

- A. Any person who is a Navajo or Apache County resident who intends to enroll or is enrolled as a full time student (12 or more hours) at an accredited college or university for physician assistant studies.
- B. The applicant must plan to pursue a physician assistant career.
- C. In order to be eligible, an applicant must have a 3.0 GPA out of a possible 4.0.
- D. To be eligible, applicant must follow all specific instructions within this application. All applications must be **typed and signed** by the applicant, as well as other entities as indicated on the application. Incomplete applications **will not** be considered.
- E. Applications and guideline materials may be download from the Summit Healthcare website in the “Medical Staff Only” section at [summithealthcare.net](http://summithealthcare.net) (bottom of page). Additional information and questions can be directed to the Medical Staff Scholarship Committee at [medicalstaffservices@summithealthcare.net](mailto:medicalstaffservices@summithealthcare.net).
- F. Applicants who do not meet the criteria address in A through E above are not eligible to apply.

#### II. PERTINENT FACTS

- A. Medical Staff scholarships will be awarded based on a student’s scholastic achievement, health care volunteer activities, relevant work experience, school and community service and the student’s plan to pursue a physician assistant career.
- B. A \$5000 scholarship will be available for full-time students. One-half of the funds for the fall semester and one half for the spring semester will be applied toward tuition, fees and/or books and will be sent to the Financial Aid office of the institution designated by the scholarship recipient.
- C. If the recipient drops out of school while the award is in effect, the balance of the scholarship must be returned to the Summit Healthcare Medical Staff.
- D. Selection of recipients will be announced in May 2018.

- E. If awarded a scholarship, the recipient is required and responsible for submitting an official school transcript and schedule to the Medical Staff Scholarship Committee for the semesters that the scholarship is awarded.  
**The deadline for the fall 2018 semester is March 31, 2018.**

### III. APPLICANT RESPONSIBILITIES

- A. Application must be completed on this form, a photocopy or through an electronic version of the application.
- B. Application must be printed on typewriter or computer. Handwritten applications will not be accepted.
- C. **Two current, dated & signed** personal reference letters must be attached to and sent in with this application. Reference letters from your most recent employer, counselor, instructor, volunteer director, club/activity advisor, community or church leader, **but not** from a family member, are very helpful in assisting the committee in their selection of a recipient.
- D. In summary, to be considered for the Summit Healthcare Medical Staff Physician Assistant Scholarship, enclose the following:
- Completed and signed application form
  - Curriculum Vitae (CV)
  - Two current, dated and signed letters of recommendation, **not** from a family member
  - Current **official** transcript
  - **A 200-word or less essay** describing major field of interest and reason for applying for the scholarship.
  - Verification of acceptance into an accredited school offering a physician assistant degree

**Incomplete application packets will result in automatic disqualification.**

The Medical Staff Scholarship Committee *may* contact finalists for a personal interview in April 2018.

**All application information must be on this form and received by March 31, 2018.**

- IV. This scholarship is **NOT** automatically renewed. You may re-apply next year.

#### **APPLICATION SHOULD BE SENT TO:**

Summit Healthcare Regional Medical Center  
Medical Staff Scholarship Committee  
c/o Medical Staff Services  
2200 E Show Low Lake Road  
Show Low, AZ 85901

or emailed to: [medicalstaffservices@summithealthcare.net](mailto:medicalstaffservices@summithealthcare.net)



# Summit Healthcare Medical Staff's Physician Assistant Scholarship Application 2018-2019

**INFORMATION MUST BE TYPED ON THIS FORM ONLY.**

**DEADLINE: APPLICATIONS MUST BE RECEIVED BY March 31, 2018**

**CHECK ONE:**  Full time (12+ hours)       Part Time (6+ hours)

**PERSONAL DATA**

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

2. Current address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Length of residency time: \_\_\_\_\_

3. Name of (select as appropriate):  Parent(s)  Guardian(s)  Spouse \_\_\_\_\_  
 Address (if different from above) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

1. Current or Last School

From (M-DD-YY)	To: (M-DD-YY)	Contact Information	Area of Study	Scholastic GPA Standing
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____

2. School Attending in the Fall of 2018:

Contact Information	Major	Area of Educational Specialization:
Name: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Phone: _____		

**ACTIVITIES**

3. Volunteer Activities **RELATED TO THE HEALTHCARE FIELD**

From (M-DD-YY)	To: (M-DD-YY)	Name of Agency/Institution	Total Hours	Work Performed	Supervisor's Signature
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____	
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____	
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____	

4. **OTHER** Volunteer Activity

From (M-DD-YY)	To: (M-DD-YY)	Name of Agency/Institution	Total Hours	Work Performed	Supervisor's Signature
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____	
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____	
_____	_____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	_____	_____	

5. Community Activities

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6. What other Financial Aid or scholarships have you received for the upcoming semester? What is the value of each?

From: Value: \$ \_\_\_\_\_

From: Value: \$ \_\_\_\_\_

From: Value: \$ \_\_\_\_\_

7. Other awards, honors, activities and/or offices held (high school, college, community, clubs, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. List your work history – health related and other – in chronological order with most recent first:

From (M-DD-YY)	To (M-DD-YY)	Employer	Duties

**FINANCIAL NEED**

9. Give an estimate of the cost of your education for the coming year:

A. Tuition & Books \$ \_\_\_\_\_

B. Housing \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

10. Amount of monetary support from:

A. Loans \$ \_\_\_\_\_

B. Grants \$ \_\_\_\_\_

C. Scholarships \$ \_\_\_\_\_

D. Self/Spouse \$ \_\_\_\_\_

E. Parent(s)/Guardian(s) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

11. Will you live with your parent(s)/guardian(s) while attending college/university?  Yes  No

**PROFILE of APPLICANT**

12. Write a brief essay (**200 words or less**) describing your major field of interest and your reason for applying for this scholarship. Attach your essay to this application at the end. Your essay should be typewritten only.

**ATTESTATION**

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION AND ANY ADDENDUM THEREIN IS TRUE AND CORRECT. I FURTHER UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF INFORMATION WILL RESULT IN DISQUALIFICATION.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

2018-2019 SUMMIT HEALTHCARE MEDICAL STAFF PHYSICIAN ASSISTANT SCHOLARSHIP - ESSAY

Write a brief essay (**200 words or less**) describing your major field of interest and your reason for applying for this scholarship

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