TOPIC: SEAN GRIMES SCHOLARSHIP
ADMINISTRATOR: THE PHYSICIAN ASSISTANT FOUNDATION
NAMED SCHOLARSHIP FUND: THE CAPTAIN SEAN P. GRIMES PHYSICIAN ASSISTANT EDUCATIONAL SCHOLARSHIP AWARD
CONSTITUENT ORGANIZATION: SOCIETY OF ARMY PHYSICIAN ASSISTANTS

INTENT: TO AWARD FINANCIAL ASSISTANCE (IF FUNDS ARE AVAILABLE) TO:
- AN INDIVIDUAL WHO IS SEEKING INITIAL TRAINING AS A PHYSICIAN ASSISTANT OR
- A PA SEEKING A BACCALAUREATE, MASTERS OR DOCTORAL DEGREE

INITIAL DURATION: TEN YEARS WITH OPTION TO CONTINUE AT THE DISCRETION OF THE SAPA BOD

FIRST AWARD DATE: APRIL 2006

FREQUENCY OF AWARD: ONE ANNUALLY PROVIDED FUNDS ARE AVAILABLE.

EXPECTED TIME OF AWARD: DURING THE ANNUAL SAPA CONFERENCE

AMOUNT OF AWARD: $6,000.00 ANNUALLY FOR THE FIRST TEN YEARS PROVIDED FUNDS ARE AVAILABLE; THEN THE AMOUNT BE REEVALUATED AT THE DISCRETION OF SAPA BOD

WHO MAY CONTRIBUTE: ANY INDIVIDUAL, PRIVATE GROUPS, ASSOCIATIONS, COMPANIES, BUSINESSES, AND INDUSTRY.

WHO MAY APPLY:
- ARMY VETERAN, ANY MOS
- ARMY ACTIVE DUTY SOLDIER, ANY MOS
- ARMY NATIONAL GUARD SOLIDER, ANY MOS
- ARMY RESERVIST SOLDIER, ANY MOS
- (ANY OF THE ABOVE: ENLISTED OR OFFICER)
- (ANY OF THE ABOVE FROM THE RANK OF E-5 THROUGH 04)

CRITERIA FOR SELECTION CONSIDERATION:
-GPA 2.5 OR GREATER
-SAT

ANY ARMY SOLDIER IN A CURRENT STATUS OF ACTIVE DUTY, NATIONAL GUARD, RESERVIST OR VETERAN:

-UNENCUMBERED BOARD CERTIFICATION FROM ANY PROFESSION
-UNENCUMBERED STATE LICENSE FROM ANY PROFESSION
-NO PENDING DISCIPLINARY, SUSPENSION OR PROBATION FROM ANY AGENCY

TRAINED PA’S MUST HAVE:
-NCCPA BOARD CERTIFICATION
-A DEFINITE FINANCIAL NEED
-THOSE FOR INITIAL PA TRAINING MUST BE ENROLLED IN AN ARC-PA APPROVED PROGRAM
-FOR OTHER THAN ENTRY LEVEL PA TRAINING MUST BE ENROLLED IN AN ACCREDITED COLLEGE OR UNIVERSITY.

SELECTION AUTHORITY: BOARD OF DIRECTORS / SOCIETY OF ARMY PHYSICIAN ASSISTANTS

Please submit applications by February 1st of each scholarship cycle year.

Please mail to: CPT Sean Grimes Scholarship, C/O SAPA Scholarship Committee
P.O. Box 623, Monmouth, IL 61462; FAX (309) 734-4489, Email: orpotter@aol.com
SOCIETY OF ARMY PHYSICIAN ASSISTANTS

SCHOLARSHIP APPLICATION

THE CAPTAIN SEAN P. GRIMES
PHYSICIAN ASSISTANT EDUCATION SCHOLARSHIP AWARD

I. GENERAL INFORMATION

This scholarship is administered through the PHYSICIAN ASSISTANT FOUNDATION for the SOCIETY OF ARMY PHYSICIAN ASSISTANTS.

It is the intent to award financial assistance if funds are available to a deserving individual who is seeking initial training as a physician assistant or to a PA who is seeking a baccalaureate, masters or doctoral degree.

The Society of Army Physician Assistants develops, promotes, and reviews its scholarship application and determines the scholarship recipients.

Once the recipients are named, the SAPA forwards the application packet to the PA Foundation.

Once the application packet has been reviewed and found acceptable; the PA Foundation will mail a check to the recipient.

All applications will be reviewed and judged on the basis of financial need, academic record, community and professional Activities, and future goals as a Physician Assistant.

Recipients will be announced at the annual SAPA meeting in April of each year.

II. QUALIFICATIONS TO PROCEED WITH THIS APPLICATION

(check all that apply) (must fall into one of these categories to qualify)

____ARMY VETERAN
____ARMY RETIREE (includes NG or RESERVIST)
____ARMY ACTIVE DUTY
____ACTIVE ARMY NATIONAL GUARD
____ACTIVE ARMY RESERVIST
(open to the rank of E5 – 04)

III. INSTRUCTIONS

1. Answers and information in each part of this application must be completed and mailed to the home office address. Incomplete applications will not be accepted. Once submitted, the application may not be changed or revised.

2. Do not include additional sheets except where requested. (any additional unsolicited information will not be included in the application packet)

3. Do not change the format of this application. Please collate and staple application materials (original and 3 copies)

4. All application materials must be post marked no later than 1 February of each year.

5. Your application packet must include the original plus 3 copies of the following documents.

*The signed application

*Your most recent program transcript or grade report. (must be sent by the applicant)

*Copies of your previous and current degrees and transcripts (must be sent by the applicant)

*Letter from the financial aid office (if currently enrolled in an educational program) verifying your financial assistance status.

*Information from the financial aid office must coincide with information given in the FINANCIAL AID SECTION.

*Copy of an HONORABLE DISCHARGE CERTIFICATE from the ARMY if applicable

*Copy of your DD Form 214 if applicable

*DD, DA, NG Form indicating your current status

*Two passport-style photos of yourself suitable for publication. Put photos in a sealed envelope with your name printed on the back of each photo as well as on the front of the envelope. These photos will be used in scholarship publicity materials.
IV. PERSONAL INFORMATION

NAME____________________________________________________

ADDRESS_________________________________________________

PHONE   (home)_________________ (cell)______________________

DATE OF BIRTH___________________________________________

SS # ______________________________________________________

DATE OF THIS APPLICATION_______________________________

NAME OF ACCREDITED INSTITUTION______________________________________________________

ADDRESS OF ACCREDITED INSTITUTION_____________________________________________________

EXPECTED DATE OF GRADUATION_________________________________________________________

E-MAIL ADDRESS

CURRENT AAPA # OR STUDENT # (if applicable)

CURRENT NCCPA # (if applicable)

CUMMULATIVE  G. P. A.________________________________________________________________

(must send a certified letter from the previous or current institution)

CURRENT OR MOST RECENT SAT SCORES (date)

CURRENT OR HIGHEST RANK HELD

LIST ALL MOS

LIST HIGHEST DEGREE HELD

CURRENT OCCUPATION

CURRENT OR LAST UNIT ASSIGNMENT

V. FINANCIAL INFORMATION

(please provide the following information for the current academic year)

YOUR MONTHLY CONTRIBUTION

SALARY/WAGES_________________________

SAVINGS______________________________

YOUR SPOUSE MONTHLY CONTRIBUTION

SALARY/WAGES_________________________

SAVINGS______________________________

TUITION ASSISTANCE PER MONTH/QUARTER/SEMESTER

GRANTS_______________________________

SCHOLARSHIPS________________________

STIPENDS____________________________

LOANS_______________________________

OTHER AVAILABLE FINANCIAL ASSISTANCE_________________________________________________
YOUR ACADEMIC EXPENSES:

TUITION

BOOKS

SUPPLIES

FEES

TRANSPORTATION

ROOM AND BOARD

MEDICAL INSURANCE

DENTAL INSURANCE

STUDENT DUES

TOTAL OF FINANCIAL CONTRIBUTION PER YEAR

TOTAL OF FINANCIAL EXPENSES PER YEAR

VI. OTHER VITAL INFORMATION

(Answer yes or no)

_____ Encumbered Board Certification (past of present) from any profession.

_____ Encumbered state license, certificate or registration (past or present) from any profession.

_____ Past or pending disciplinary, suspension, probation, or firing action from any profession.

_____ Conviction of illegal drug abuse.

_____ Conviction of an alcohol related offense.

_____ Conviction of a felony.

_____ Possess NCCPA board certification (applies to all trained physician assistants).

_____ Currently enrolled in an accredited college, university or training program.

VII. COMMUNITY AND VOLUNTEER PROFESSIONAL SERVICES

ACTIVITY INCLUSIVE DATES TOTAL HOURS

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VIII. BRIEFLY AND CREATIVELY DISCUSS AT LEAST TWO OF THE MOST IMPORTANT HEALTH CARE CONCERNS IN THE POPULATION IN YOUR COMMUNITY OR ORGANIZATION (250 WORDS OR LESS FOR EACH TOPIC) ************ATTACH A SIGNED ADDITIONAL SHEET FOR EACH TOPIC***********
I understand that if the application is not complete, it will be ineligible for judging and consideration. I understand that a scholarship sponsor/contributor may request a copy of the completed application form. I also agree that if I receive a scholarship, my photograph and any correspondence may be published in AAPA/PA Foundation/SAPA publications. Finally, I understand that all judging is final.

I ________________________________ attest that all information provided in this application is true and correct to the best of my ability.

Applicants signature__________________________________________________________
Signature dated______________________________________________________________

Notary attestation: Sworn before me on this date ____________ in the county of ____________ in the state of ______________________________
Signature of notary______________________________ (Seal)
My commission expires______________________________

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