



Jessica Stevens Memorial Scholarship Application

General Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Name of PA Program: _____

Name of Director: _____

Director Phone: _____

Director Email: _____

Expected Date of Program Completion: _____

Application must include:

1. AKAPA and AAPA member in good standing
 - Copy of AAPA membership card
2. Certification from the Program that the applicant is enrolled and in good academic standing
3. Proof of Alaska residency by at least one of the following:
 - Copy of Alaska driver's license
 - Copy of Permanent Fund Dividend receipt
 - Copy of Voter Registration
4. Two letters of reference (one must be from PA program faculty)
5. Essay (750 words or <)
 - a. Describe your commitment to practice primary care in Alaska and how your past and current community service activities illustrate that.
 - b. How will you give back the AKAPA?

I hereby declare that to the best of my knowledge the above information is correct and complete.

Applicant Signature

Date



Jessica Stevens Memorial Scholarship Application

Applicant's Name: _____

Applicant's Signature: _____

I hereby certify that the above applicant is enrolled at our school as stated in this application and is in good academic standing.

Program Director or Academic Advisor Signature

Date

Comments:

