



Physician Assistant Academy of Vermont

Executive Office 45 Lyme Road – Suite 304 Hanover, New Hampshire 03755
t/ 603-643-2325 f/ 603-643-1444 e / paav@conmx.net w / www.paav.org

MARTIN DEVLIN SCHOLARSHIP APPLICATION 2017

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Application Deadline: June 30th annually

Qualifications:

- Applicant is currently enrolled as a full-time PA student or has graduated within six months prior to the award year.
- Applicant is current student member of the PAAV – see www.paav.org for application. Dues are \$25.
- Applicant has lived or worked in Vermont in the past, or is hoping to live or work in Vermont after graduation.

Small print:

- Awards will be made without regard to race, sex, marital status, or nationality.
- Winners of any previous PAAV scholarship are ineligible.
- Payment of grant will be made directly to PA school or lending institution.

The process:

- Mail completed application **Parts 1, 2 & 3:** application, financial information, and personal statement in a single envelope to the PAAV Executive Office at the address above by June 30.
- **Part 4:** student verification should be sent to the PAAV Executive Office directly by your Faculty Advisor or Program Director.
- All applications received will be acknowledged by email.

Application must include:

- Current resume or CV
- Two (2) letters of recommendation from a faculty advisor, professor, or employer
- Education statement signed by program director certifying applicant's academic standing and GPA
- Copy of current loan statement
- Personal statement

PAAV Martin Devlin Scholarship Grant – Application

1 – Personal Information

Name _____

Preferred Address for communication regarding this application

Street _____

City _____ State _____ Zip _____

Email Address (*mandatory*) _____

Status as of June 30th in Application Year:

[] Current PA Student [] PA seeking employment in VT

Undergraduate Degree

School _____

Location _____

Year _____ Degree _____ Major _____

PA School

School _____

Location _____

Date Started _____ Date Completed* _____

** or anticipated graduation date*

NCCPA # _____ Expiration Date _____ or Certification Exam Scheduled for _____

Employment History *if applicable*

🏢 Position _____

Employer/Location _____

Specialty _____ Dates ____/____ to ____/____

🏢 Position _____

Employer/Location _____

Specialty _____ Dates ____/____ to ____/____

PAAV Membership History

PAAV Member since: _____

PAAV Committees / Offices held:

2 - Financial information

- Summarize the cost of your education, including tuition, books, supplies, room and board, travel and any other expenses directly related to your education.
- Explain how you are meeting your financial obligation - loan, scholarship, family support, personal savings, other.
- Enclose a copy of your loan statement or upcoming tuition bill for verification.
- Include the name, address, account number to be credited, and a contact person including phone number where PAAV should send the grant payment. If this is not the bank financing your loan or your PA program finance office, please explain.

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3 - Personal Statement

In a one-page, typed summary of 750-1000 words, tell us about yourself.

4 – Verification of Current Student Status

Please have the *STUDENT Education Statement*, **page 4** of this application, completed by your **current PA Program Director or Faculty Advisor** and sent directly to the PAAV Executive Office.

Please **PRINT** your name in the box at the top of the correct page and give it the appropriate person.

PAAV Martin Devlin Scholarship Application

Student's Name: _____
Please print

PA Program Director: Please be sure the applicant's name is included in the box above and return this completed form to the address below. Mail, fax, or emailed scan is acceptable.

STUDENT *Education Statement* - please print

PA Program _____

Faculty Advisor's / Program Director's Name _____

Title _____

Phone _____ Email _____

This student **IS / IS NOT** (*please circle one*) in good academic standing at this time.

Current Grade Point Average is _____ on a _____ point scale.

Comments about applicant as a future PA (*Add additional page if necessary*).

Signature _____ Date _____

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