



PALH Scholarship Application

Personal Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ E-mail: _____

Mailing Address if different from above:

AAPA Membership #: _____

PALH Member #: _____

_____ *Student Membership \$15*—Students enrolled in accredited PA programs are eligible to apply for this classification of membership. Student members have privileges of the floor but may not vote on state or national issues. **You must be a member of PALH to apply for a scholarship.**

Education Information

PA Program attending: _____

Expected date of graduation: _____

Personal Reference

Please submit a letter of recommendation from an instructor or preceptor.

Personal Statement

Please include a typed personal statement on a separate page. Your statement should include personal background, pertinent experiences, working with underserved Latino communities, future goals and expectations upon completing your PA program, and why you feel you should be considered for a PALH scholarship.

Send completed application with letter of reference, personal statement and a copy of your unofficial transcripts to:

PALH
950 North Washington Street
Alexandria, VA 22314-1552
Phone: 800/596-7494
Fax: 703/684-1924

Please Note: Only complete applications submitted by April 1, will be considered, but any applications received after the deadline will be considered for next year's scholarship.