RRPAA SCHOLARSHIP APPLICATION

Instructions: Please read all instructions thoroughly prior to submission.

1. The RRPAA Scholarship program recognizes academic achievement, professionalism and quality writing.

   Scholarship criteria:
   - Enrolled as a full-time student in the professional phase of a physician assistant program **AND**
   - Achieved a minimum overall grade point average (GPA) of 3.0 on a 4.0 scale

   Scholarship restrictions:
   - Nonrenewable

2. Application and additional materials must be completed and submitted no later than **11:59pm on February 15th, 2026**. Completed application materials should be e-mailed to: scholarships@RRPAA.org

   Note: Scholarship committee will not consider late or incomplete applications.

3. Up to 3 scholarships will be awarded to the most qualified candidate(s) who have completed and submitted all required materials on time. Three scholarships, of $500 each, will be awarded to one student from the graduating class of 2026, 2027, and 2028.

4. Qualified candidates must be a professional phase PA student and an active RRPAA Student Member.

5. Applications will be considered in their entirety based on academic performance, professional reference, and quality of writing.

6. Scholarships will be awarded regardless of race, gender, ethnic origin, religious affiliations or marital status.

7. Scholarship awards will be presented at the Spring RRPAA Conference.

8. Please contact RRPAA at scholarships@RRPAA.org with any questions.

Part I: Application Form

Please fully and legibly complete all parts of the attached application form.

Part II: Academic Achievement

Provide evidence of your academic achievement up to the current academic semester in the form of an unofficial transcript.

Part III: Essay

In a separate attachment, please answer the following question with a **maximum** of two pages double spaced, in 12-point Times New Roman font.

Class of 2028: Choose a person(s) whom you admire and discuss how their inspiration will affect your approach to your didactic development.

Class of 2027: What is your biggest fear going into your clinical year and how will you prepare to face it?

Class of 2026: From your experience on clinical rotations, what qualities make someone a good leader in medicine and how will you incorporate these traits after graduation?

Scholarship Application Form

Last name:

First name:

E-mail address

Home address:

City: State: Zip:

Local address (if different):

City: State: Zip:

Phone:

PA Program name:

Anticipated Graduation Date (month/year):

Overall GPA:

Verification Statement

I hereby declare that all of the information submitted with or accompanying my application for the RRPAA scholarship is true and accurate to the best of my knowledge. I acknowledge that I will be ineligible for an award if any of the information is falsified, deemed incomplete or submitted after the due date. I fully understand that the decision of the RRPAA Scholarship Committee is final.

X_____

Signature of applicant