

TENNESSEE PHYSICIAN ASSISTANT FOUNDATION
J.C. CAREY MEMORIAL SCHOLARSHIP APPLICATION

1. Date: _____ *Additional pages may be attached, if necessary.
2. Name: _____
3. Address: _____

4. Phone: _____
5. E-mail: _____
6. Are you a resident of Tennessee? (circle one) Yes No
7. Physician assistant program you are attending _____

**If not attending Tennessee Program attach valid residency documentation such as copy of valid Tennessee driver's license or other authenticated legal document.*

8. Date program commenced: _____
9. Expected date of graduation: _____
10. Past undergraduate/graduate academic experiences and achievements:

College(s)	Dates attended	Degree
a. _____		
b. _____		
c. _____		

Technical Programs	Dates attended	Degree or Certificate
a. _____		
b. _____		

11. Extracurricular interests and activities (*professional, community, etc.*)
 - a. _____
 - b. _____
 - c. _____

12. Please describe on a separate page your professional/career and lifetime goals and any additional information you would like for the committee to know concerning how this scholarship would benefit you. (*Please limit to two (2) typed or three (3) handwritten pages.*)
13. Please enclose a copy of most recent college transcript with this application.
14. Remember to sign all pages and mail to be received by June 30, 2017. Please send completed application to: **Tennessee Physician Assistant Foundation, P.O. Box 150785, Nashville, TN 37215.**
15. By signing below, you attest that all information on this application is correct:

Signature _____ Date _____