

TENNESSEE PHYSICIAN ASSISTANT FOUNDATION
C. STEVEN CLIFTON 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. Where do you plan to practice after graduation? _____
11. Past undergraduate/graduate academic experiences and achievements:

College(s)	Dates attended	Degree
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- | | | |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |

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

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

13. 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.*)
14. Please enclose a copy of most recent college transcript with this application.
15. Remember to sign all pages and mail to be received by June 30. Please send completed application to: **Tennessee PA Foundation, PO Box 150785, Nashville, TN 37215 or email PDF of application packet to info@tnpa.com.**
16. By signing below, you attest that all information on this application is correct:

Signature _____ Date _____

Scholarship application and supporting paperwork must be submitted as single-sided documents. A separate packet must be submitted for each application.