

TENNESSEE PHYSICIAN ASSISTANT FOUNDATION
JAMES MONTAG, JR. SCHOLARSHIP APPLICATION
Eligibility for this scholarship includes military service.

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 a program in Tennessee, please 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. _____		

Technical Programs	Dates attended	Degree or Certificate
a. _____		
b. _____		
11. In what branch of service did you serve, including MOS/specialty? _____
12. Please provide dates of service: _____
13. Extracurricular interests and activities (professional, community, etc.)

14. 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).
15. Please enclose a copy of most recent college transcript with this application.
16. Remember to sign all pages and mail to be received by June 30. Please send completed application to:
Tennessee PA Foundation, P.O. Box 150785, Nashville, TN 37215.
17. By signing below, you attest that all information on this application is correct:

Signature _____ Date _____

**Scholarship application and supporting paperwork (except transcripts)
must be submitted as single-sided documents.**