

TENNESSEE PHYSICIAN ASSISTANT FOUNDATION  
PRESLEY PA MOM 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
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- |          |  |  |
|----------|--|--|
| a. _____ |  |  |
| b. _____ |  |  |

Technical Programs	Dates attended	Degree or Certificate
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- |          |  |  |
|----------|--|--|
| 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. Please send completed application to: **Tennessee PA Foundation, PO Box 150785, Nashville, TN 37215.**
15. 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.**