

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. _____ | | |
| c. _____ | | |

| 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, 2019. Please send completed application to: **Tennessee Physician Assistant Foundation, P.O. Box 150785, Nashville, TN 37215.**
17. By signing below, you attest that all information on this application is correct:

Signature _____ Date _____