



American Professional Practice Association (APPA) Scholarship

American Professional Practice Association, Inc. (APPA) awards scholarships of \$1,000 each to students who are attending medical professionally related schools in the United States and who meet the criteria listed below. Up to 6 scholarships will be awarded each year. They are based on grade point average, extracurricular activities, and a personal statement/letter.

All requested information must be received by the Scholarship Committee before your application is considered. Be sure to complete every section of the application before submission, and please print clearly.

Application Deadline: December 31st of academic year for application

Criteria for APPA Scholarship:

1. You must be either: a) an APPA member whose membership is current and in good standing; or b) a spouse or child (28 years or younger) or close relative of an APPA member whose membership is current and in good standing.
2. You must be enrolled or accepted for admission at one of the nation's medical professionally related schools. You must be able to show your grade point average (GPA) to the Scholarship Committee by emailing, faxing or mailing current educational facility-generated documents from the high school or medical related professional school you are now attending.

Applicant Information (All information will remain strictly confidential.)

Student's full name: _____

Student's permanent address: _____

City: State: Zip: _____

Permanent phone number: (____) _____ Email address: _____

I understand that recipients of the APPA Scholar Funds may be advised to declare these proceeds based upon applicable State and Federal income tax rulings.

Applicant Signature: _____

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Educational Institution Information:

Name of medically related school you are, or will be, attending: _____

Cumulative GPA: _____

Previous semester GPA: _____

Current year or # hours completed: _____

Please list any additional scholarships and/or grants you have been awarded:

First-time application or Renewal application _____

Fall semester applying for: _____

Primary APPA member's name: _____

Required Additional Information

Scholarship applications will not be considered without the additional information listed below.

Information can be emailed, faxed or mailed as attachments along with your application. If sent separately, be sure to identify each item with your name and phone number. The following are separate checklists for first-time applicants and students re-applying for the scholarship.

(Please check off each item as you complete it.)

FIRST-TIME APPLICANT CHECKLIST:

- Either 2 letters of recommendation and/or an essay explaining why you believe you'll be an excellent health care provider limited to 500-1,000 words.
- Your high school and/or college transcript. Please send grades from the semester prior to the semester for which you are applying.
- A list of all your extracurricular activities and clubs.

CURRENT RECIPIENT (re-applying for scholarship)

CHECKLIST:

- Previous semester's grades.
- A statement on your progress and any changes you might have made in your educational goals.

APPLICATION DEADLINE: December 31st

All awards are for the first semester or subsequent semester from date of Scholarship award. Awards will be sent directly to your school.

Email or mail your application and all supporting documents to:

Email: scholar@appa-assn.com

Mail application to:

Attn: APPA Scholarship Committee

12444 Powerscourt Drive, Suite 500A

St. Louis, MO 63131