

**APPLICATION FOR MARIETTA COLLEGE
PHYSICIAN ASSISTANT PROGRAM
APPALACHIA REGIONAL SCHOLARSHIP**

Instructions: Application must be typed. You may submit via e-mail to paprog@marietta.edu, mail to Marietta College PA Program, 215 Fifth Street, Marietta, OH 45750, or fax to 740-376-4951 by March 2.

Name: _____ S/S#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I would like to apply for the Marietta College Physician Assistant Program Appalachia Regional Scholarship. If awarded the scholarship, I agree to practice in Southeastern Ohio and/or Appalachia as a repayment of the scholarship on a one-for-one year basis.

Signature: _____ Date: _____

1.) Where did you spend the major portion of your high school years:

- Large city (population 500,000 or more)
- Suburb of a large city
- City of moderate size (population 50,000 to 500,000)
- Suburb of moderate size city
- Small city (population 10,000 to 50,000 other than suburb)
- Town (population 2,500 to 10,000 other than suburb)
- Small town (population less than 2,500)
- Rural/unincorporated area

2.) What is your present preference concerning the medical specialty in which you would like to practice after program completion:

- Anesthesiology
- Dermatology
- Emergency medicine
- Family practice
- Geriatrics
- General internal medicine
- Neurology
- Prenatal care/gynecology

- Ophthalmology
- Orthopedics
- Otolaryngology
- Pediatrics
- Physical medicine – rehabilitation
- Public health – preventive medicine
- Psychiatry
- Surgery
- Undecided or no preference
- Other _____

3.) Which of the following settings would you most like to practice following training as a physician assistant:

- Large city (population 500,000 or more)
- Suburb of a large city
- City of moderate size (population 50,000 to 500,000)
- Suburb of moderate size city
- Small city (population 10,000 – 50,000 other than suburb)
- Town (population 2,500 – 10,000 other than suburb)
- Small town (population less than 2,500)
- Rural/unincorporated area

4.) Would you be willing to practice in a socioeconomically deprived area?

- Yes
- No
- Not sure

5.) Assuming you enter the PA Program, please indicate whether you will need some form of financial assistance to complete your health professions education?

- Yes
- No
- Not sure

6.) Will you have financial support for your PA education that obligates you to practice in a specific community after graduation?

- Yes
- No
- Not sure

If so, where? _____

7.) Please give an estimate of your **CURRENT** outstanding college/university loan repayment debt (this does not include housing, etc.):

8.) Please explain why you should be selected to receive this scholarship:

9.) Please list any financial concerns that the scholarship would alleviate if awarded?

- 10.) Any other comments that you would like the admissions committee to consider when reviewing your scholarship application.

(Additional pages may be attached if needed).

Scholarship application deadline: March 2.