

**PHYSICIAN MANPOWER TRAINING COMMISSION
Physician Assistant Scholarship Program**

APPLICATION

PLEASE PROVIDE A HEAD AND SHOULDERS PHOTO WITH THIS APPLICATION

APPLICANT

Name _____ SS# _____
(First, Middle, Last)

Address _____
(Street/P.O. Box, City, State and Zip)

E-Mail Address _____

Phone Number () _____ Cell Number () _____

Birth Date _____ Hometown _____

Parents Name, Address and Phone Number _____

SPOUSE Marital Status _____

Spouse Name _____ Maiden Name _____ SS# _____

Spouse Occupation _____ Spouse Hometown _____

Number of Children _____ Ages _____

Parents Name or Nearest Relative _____

Address and Phone No. _____

College(s)	Dates Attended	Degree
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Physician Assistant Training Level _____ PA applicant _____ 1st year _____ 2nd year _____ 3rd year

Location of PA Training and Anticipated Date of Completion (Mo/Yr) _____

Do you presently have any scholarships or loans that have a practice obligation? ___ Yes ___ No

If yes, please explain _____

Physician Assistant Scholarship Program Application Continued

SELECTION CRITERIA

If the number of applicants exceed the availability of funds the following items will be used as selection criteria; (PLEASE ENCLOSE THE FOLLOWING WITH COMPLETED APPLICATION)

- 1) Latest Federal Income Tax form 1040, 1040A or 1040EZ. Dependent students must send parent's income tax form in addition to their own.
- 2) Transcript of all college work.
- 3) Medically related job experience. Please list location and dates of employment.
- 4) Acceptance Letter from PA School.




In what extra-curricular activities (community, hobbies, vocational) have you participated while in college and/or postgraduate training? _____

List, in order of preference, the rural communities or areas in which you prefer to practice:

- 1) _____
- 2) _____
- 3) _____

Please read and initial each statement below:

I understand that participation in the PMTC Physician Assistant Scholarship Program requires me to:

- Be a resident of the State of Oklahoma _____ 
- Practice in a community of 20,000 or less population upon completion of training _____ 
- Serve one month for each month the scholarship was received in a PMTC approved community _____ 

I hereby declare that the information contained in this application is true and correct.
I hereby authorize the Physician Manpower Training Commission to request and receive any and all information related to the administration and enforcement of the applicable repayment agreement and promissory note.

The Physician Manpower Training Commission, in compliance with Title VI of the Civil Rights Act of 1974 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.

Signature of Applicant _____ 

Date of Application _____

Please return to:

Physician Manpower Training Commission
5500 North Western Avenue, Suite 201
Oklahoma City, Oklahoma 73118
(405) 843-5667 FAX (405) 843-5792