**PRENTISS L. HARRISON MEMORIAL/AFRICAN HERITAGE PA CAUCUS 2020 SCHOLARSHIP**

All eligible PA students are encouraged to apply for the Annual Prentiss L. Harrison Memorial/African Heritage PA Caucus Scholarship Award. The awards will be officially recognized at the African Heritage PA Caucus Membership meeting on Sunday, May 17, 2020 during the AAPA conference in Nashville, TN. The deadline to submit Parts 1-6 of the application is **January 31, 2020**. The Program Director attestation statement and Reference letters are due **February 8, 2020**.

**Requirements**

1. Must be a PA student currently enrolled in an accredited PA Program and in good academic standing
2. Must submit current transcript with application
3. Must be a member of the African Heritage PA Caucus (may apply at time of application submission). Click here to join [ONLINE.](https://ahcaapa.mypanetwork.com/page/112-african-heritage-pa-caucus-ahpac-membership)
4. Must have 2 letters of reference submitted, one of which must be from your preceptor, clinical instructor or program director
5. Must answer 4 questions including a 1000-word essay on one of three listed topics (see Parts 2-5 of the application)

**Submission of your application via email:** aapaahcscholarship@gmail.com

1. **Parts 1-6** – should be emailed by the applicant after combining all information into 1 document; deadline **January 31, 2020.**
	1. **\*\*\*Name the document as follows**: “Last name first initial and your day of birth.” i.e. AHPAC washingtonm21 Part 1-6
2. **Part 7-** should be emailed by the Program Director to the address above by **February 8, 2020.** See naming details on the form.
3. **Part 8-** should be emailed by your references to the address above by **February 8, 2020.** See naming details on the form.

**\*\*\*Once Parts 1-8 are received, your application is considered complete.\*\*\***

**AFRICAN HERITAGE PA CAUCUS (AHPAC)**

**2020 SCHOLARSHIP APPLICATION**

**Part 1 – Personal Information**

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. PA Program Name/Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Names of References: (will need to submit letter on your behalf… see Part8)
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. **AHPAC Membership Active:** Yes (you must have an active membership to apply). Click here to join [ONLINE.](https://ahcaapa.mypanetwork.com/page/112-african-heritage-pa-caucus-ahpac-membership)
10. How did you find out about the AHPAC scholarship? (i.e. facebook, program office, other student, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Insert Photo: Please include a headshot or passport-type photograph of yourself.

**Part 2 - Community Service-** Describe your involvement in community activities that will enhance your career as a PA. (100 words or less)

**Part 3 -** Describe why you think you are deserving of the AHPAC scholarship and why is it important to you?

**Part 4 -** What specialty of medicine are you interested in? What impact will your presence as a PA make in your community and/or in healthcare?

**Part 5 - Answer ONE of the following essay questions. (maximum: 1000 words)**

1. In what way has the Affordable Care Act addressed the health care disparities of African Americans, and in what ways could it be modified to benefit issues pertinent to the African American community.
2. What are the major health care disparities facing the African American community, and how will you address this problem as a practicing PA?
3. What is cultural competency as it relates to healthcare, and how will you work to implement that within your practice? Specifically, describe ways you will work to foster cultural competency of the African American community as a practicing PA.

**Part 6 - Signature of applicant**

By signing below, I attest that all information in this application is true and accurate to the best of my knowledge. I also agree if I receive the scholarship, my photo and information may be published in AAPA or AHPAC literature. My application will not be considered complete until the application and supporting documentation are received at  aapaahcscholarship@gmail.com

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AHPAC 2020 SCHOLARSHIP APPLICATION**

**Part 7 - Program Director Attestation**

**Scholarship Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 7 - PA Program Director Attestation Statement**

The student above is applying for the AHPAC Scholarship and I attest that he/she is a student at our institution and is in good academic standing.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information (email vs phone):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Please email response to:** aapaahcscholarship@gmail.com **by the deadline: FEBRUARY 8, 2020.** Please use “Last name and first initial (of applicant) PD attestation 2020” as the title of this document and the subject of your email.

**i.e.** *winfreyo PD attestation 2020*

**AHPAC 2020 SCHOLARSHIP APPLICATION**

**Part 8 - REFERENCE/ LETTER OF SUPPORT**

**Scholarship Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reference Name/ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (email vs phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the attributes and qualities of the applicant that makes you believe that he/she will continue to foster knowledge and philanthropy that enhances quality and address disparities in healthcare.

\*\***Please email response to:** aapaahcscholarship@gmail.com **by the deadline: FEBRUARY 8, 2020.** Please use “Last name and first initial (of applicant) reference 2020” as the title of this document and the subject of your email.

**i.e.** *winfreyo reference 2020*

**AHPAC 2020 SCHOLARSHIP APPLICATION**

**Part 8: REFERENCE/ LETTER OF SUPPORT**

**Scholarship Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reference Name/ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (email vs phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the attributes and qualities of the applicant that makes you believe that he/she will continue to foster knowledge and philanthropy that enhances quality and address disparities in healthcare.

\*\***Please email response to:** aapaahcscholarship@gmail.com **by the deadline: FEBRUARY 8, 2020.** Please use “Last name and first initial (of applicant) reference 2020” as the title of this document and the subject of your email.

**i.e.** *winfreyo reference 2020*