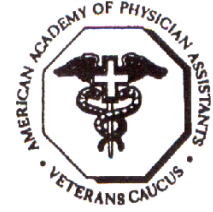


VETERANS CAUCUS, INC.

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS



SCHOLARSHIP APPLICATION FORM 2007

Please fill out completely, use additional pages as needed. Upon completion, please scan and save as a .PDF document and E-mail to the following addresses; afentvet@comcast.net, and papajoedh@hotmail.com . Thank you for your participation and cooperation.

1. Name, (First MI Last) Include Maiden name if applicable: _____
2. Address: _____
3. City: _____
4. State: _____
5. Zip Code: _____
6. Telephone Number: _____
7. E-Mail Address: _____
8. PA School Attending: _____
9. Number of Semester Hours completed as of January 1st 2007: _____
10. Expected Date of Graduation (Month/Year): _____
11. Degree Expected at Graduation (MMS,MPAS, BS, AS, ect.): _____
12. Branch of Military Service: _____
13. Type of Service: Active Duty Reserves National Guard Other
14. Colleges previously attended and Degrees received: _____

15. Military Honors and Awards Received: _____

16. College Activities and College Honors / Awards Received: _____

17. Civic Activities and Civic Awards (Include time commitments and Duration of Service to these Organizations) : _____

18. Professional Memberships, Activities and Awards: _____

19. Please add additional comments regarding any other responsibilities and how these scholarship funds would be used: _____

20. GPA/Class Standing Release (Required): I authorize my Program Director to release my GPA and/or Class Standing to the Veterans Caucus, Inc. for consideration of an academic scholarship. I understand that the information contained in this report to the Veterans Caucus, Inc. will not be released to me.

21. Program Directors Name: _____

22. Program Directors E-mail Address: _____