



Thank you for your interest in the
Aspirus Scholars Program scholarship opportunity.

This is a fillable PDF form that you will need to
save to your device and send via email when complete.

Please note, your work will not save
if the file is closed prior to saving.

*For questions, please feel free to contact
Kalynn Pempek at Kalynn.pempek@aspirus.org.*

Aspirus Scholars Program - Scholarship Application

Student Type

Medical Student
Physician Assistant Student

Student Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home: _____ Cell: _____ E-mail Address: _____

Hometown (city/state): _____ SSN: _____

Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for an Aspirus Organization ¹ ?	YES	NO	If yes, when? _____		
	YES	NO	<small>(MM/YY)</small>		
Have you ever been convicted of a felony?			If yes, explain: _____		

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Major/GPA: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Major/GPA: _____

Health Care Education: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Major/GPA: _____

References

Please list three professional references.

Full Name: _____	Professional Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Full Name: _____	Professional Relationship: _____
Company: _____	Phone: _____

References Continued

Address: _____ Email: _____
Full Name: _____ Professional Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your supervisor for a reference?

Military Service

By checking this box, I certify that I have not served in the U.S. Armed Forces.
Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Health Care Education

Education Program Location _____

Education Program Completion Year _____

Areas of Interest: Primary Care, Psychiatry, or
General Surgery _____

Required Attachments

A. Personal Statement (2 page limit)

- Describe your interest in primary care, general surgery, or psychiatry.
- Describe your interest in practicing in a community served by Aspirus.
- Describe your commitment to Aspirus employment after completion of training.
- Describe your extra-curricular community service or volunteer activities.

B. Three letters of recommendation

- Two from faculty members, one personal.

C. Transcripts

- Undergraduate
- Graduate Medical Education

D. Test scores (if applicable)

- MCAT
- GRE

Disclosure, Disclaimer & Signature

Are you a family member* of an Aspirus employee, physician employed by Aspirus, or current board member of an Aspirus entity?

Yes: No:

If yes, please list the name of the Aspirus employee, physician, or board member, and your relationship:

Full Name: _____

Relationship: _____

*You have an ongoing obligation to notify us of any changes to this disclosure (e.g., a Family Member accepts employment with Aspirus).

By my signature below, I hereby authorize any department of Aspirus that maintains all or any part of my records or personnel file to release such records to the Aspirus Recruitment Department.

I further fully discharge and release Aspirus from any and all liability for the reproduction and disclosure of my records and/or personnel file pursuant to this authorization.

I further certify that my answers are true and complete.

I understand that any false or misleading information in my application or interview may result in my disqualification from future employment with Aspirus and, if I am accepted to participate in the Aspirus Scholars Program, may cause the entire outstanding balance of any Scholarship disbursed to me under the Aspirus Scholar Program, to become immediately due and payable.

Signature: _____

Date: _____

Application deadline: August 31 (annually)

Completed applications and attachments must be sent electronically to Kalynn.pempek@aspirus.org by 5:00 p.m. on August 31.

Receipt of your application will be confirmed via email. Thank you!

* A “family member” means a husband or wife, birth or adoptive parent, child, or sibling, stepparent, stepchild, stepbrother, or stepsister, father-in-law, mother-in-law, daughter-in-law, grandparent of grandchild or spouse of a grandparent or grandchild.