



# FSDPA SCHOLARSHIP

**FSDPA (Florida Society of Dermatology Physician Assistants) is a not-for-profit organization which provides education for PAs and the general community. Every year we hold an educational conference called New Wave Dermatology which is a great resource for CME credits and also a way to meet fellow PAs practicing or interested in dermatology.**

**FSDPA is expanding its educational reach into the community and needs your help for ideas! Please see the description and requirements below. Check out our website at <http://fsdpa.org/> for more information about the organization and how to get involved. Membership is free and students are welcome!**

## **Florida Society of Dermatology Physician Assistants Community Outreach Scholarship**

This scholarship is open to all students currently enrolled and in good standing in an ARC-PA-accredited PA program in the state of Florida. Please complete the scholarship application form and attach your submission addressing the topic below.

Topic: The FSDPA is looking for new ways to engage and inform our communities. In ONE PAGE OR LESS, describe an educational program or PSA regarding a dermatologic topic that the FSDPA could implement to better the lives of our fellow Floridians. Indicate what population you are addressing and how you think we can best advise that group. Creativity, realistic implementation, and cost effectiveness are all important considerations in program design. Your ideas could be used in future programs by the FSDPA!

Submissions must be made using Times New Roman 12 point font, double spaced.

Submissions are due by **MONDAY, JANUARY 15th (MLK Day)** to:

[FSDPAscholarship@GMAIL.COM](mailto:FSDPAscholarship@GMAIL.COM) with the subject **"FSDPA scholarship 2018"**

Winner(s) will receive a \$1000 scholarship and free registration for the 2018 New Wave Dermatology conference in Orlando, Florida with one night hotel included.



## FSDPA Community Outreach Scholarship Application

Name:

Physician Assistant Program:

Expected Graduation Date:

I attest that the student listed above is enrolled and in good standing at an ARC-PA-accredited physician assistant program.

Program Director \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

Student \_\_\_\_\_  
Signature Date