



FSDPA
FLORIDA SOCIETY OF DERMATOLOGY PAs

FSDPA SCHOLARSHIP

FSDPA (Florida Society of Dermatology PAs) 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 and APRNs 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 www.fsdpa.org for more information about the organization and how to get involved. Membership is free and students are welcome!

FSDPA 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 support charitable and research organizations. In ONE PAGE OR LESS, showcase a charitable organization focused on impacting or educating about a dermatologic topic. Tell us why your organization of choice should receive a \$5,000 donation from the FSDPA. How does it impact the community? Do they provide support? Awareness? Education? Resources for research? In short, what organization do you think deserves a special highlight and financial support, and why?

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

Submissions are due **MONDAY, APRIL 15** to:

FSDPAscholarship@GMAIL.COM with the subject "FSDPA scholarship 2024"

Winner(s) will receive a \$5,000 scholarship and free registration for the 2024 New Wave Dermatology conference in Orlando, Florida with one night hotel accommodation included.



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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 Name: _____

Signature

Date