Physician Assistant Studies Program Supplemental Application

2019-2020

Applicant Name:

_____ _____ _____

Last First Middle

CASPA ID: _____

USA PA Studies Program Application Fee Payment Method (check one):

Online ☐ (order number) _____ Check (postmarked by October 1) ☐

Address that you spent most of your childhood (pre age 19): Number of Years lived at the address: _____

_____ _____ _____ _____

Street Address City/Town State Zip

Please follow the HRSA link and input your childhood address to determine if it qualifies for Rural Health Grants:
https://data.hrsa.gov/tools/rural-health?tab=Address
Qualifies for Rural Health Grants (check one): Yes ☐ No ☐

Please tell us about your interest in the **University of South Alabama Physician Assistant Studies Program**. Let us know if you have any ties to the University of South Alabama or the State of Alabama.

- What attracts you to the University of South Alabama Physician Assistant Studies Program? (please limit to 1500 characters)

- Have you ever applied to the University of South Alabama Physician Assistant Studies Program? (check one)
  Yes ☐ No ☐

If you answered "YES" to the above question, please tell us what cycle you applied: _____