



Physician Assistant Studies Program Supplemental Application 2021-2022

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: _____