



UNIVERSITY OF ALABAMA AT BIRMINGHAM
PHYSICIAN ASSISTANT STUDIES PROGRAM
HRSA SCHOLARSHIP APPLICATION FORM

Addiction Medicine Clinical Rotation – External Applicant

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Race/Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other/More than one race; please list below |
- _____

Are you a U.S. citizen? Yes No

Are you in the U.S. on a student or visitor visa? Yes No

Were you a first generation college student? Yes No

Have you applied for financial aid while in graduate school? Yes No

Cumulative PA program GPA: _____

Personal Statement: Please draft an essay detailing your commitment to providing healthcare in medically underserved or healthcare shortage areas, your need for financial assistance, and the reason you are interested in completing an Addiction Medicine clinical rotation at UAB. *Please do not exceed 350 words.*

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Please email completed application and personal statement to Dr. Tosi Gilford at tgilford@uab.edu