

## PPMA Scholarship Terms & Conditions

**ELIGIBILITY:** To grant an academic scholarship to a family member of an active member of the Pennsylvania Podiatric Medical Association (PPMA) whose professional liability insurance is supplied through the Podiatric Medical Assurance of Pennsylvania (PMAP) program. The grant shall be used by the family member to offset costs incurred to attend an accredited 4-year college, an accredited two-year college or an accredited trade school.

**AMOUNT:** This amount shall be determined annually at the House of Delegates of the Pennsylvania Podiatric Medical Association and shall be no less than \$500.00 per year (for a period of up to four consecutive years). The amount may be changed from time to time in order to reflect support of this scholarship by related parties whose generosity shall be demonstrated through an increase in this grant amount.

**TERMINATION OF SCHOLARSHIP BY PPMA BOARD:** This is not an endowed scholarship grant, and its existence can be terminated at any time by the Board of the Pennsylvania Podiatric Medical Association. It is the intent of the Board, as composed at the time of the creation of this scholarship, to continue the granted amount through the academic tenure of the recipients for a period of up to four years. However, should this scholarship be discontinued, the Board, as then composed at the time of any termination, shall make the decision and continue or discontinue any outstanding grant in light of the financial condition of the Association. At that time, the Board shall have the power to terminate the scholarship outright, with no further grant obligations or continue it for the tenure of any recipient then having received a grant.

**DURATION:** This grant may be made for a single year or for the applicable term of higher education entered into by the family member of a qualifying PPMA member. The discretion shall be within the Board of the Association. If it is continued for a period of more than one year, annual evidence of satisfactory participation in the academic program of the recipient shall be required as a condition of continued support of this grant.

**SCHOLARSHIP COMMITTEE:** The decision on a Scholarship grant shall be made by a Scholarship Committee appointed by the President of the PPMA Board annually. That committee shall request a Resolution of the Board in order to finance the amounts to be granted annually. No grant shall be valid unless and until it is noted in a Resolution duly made and passed at a regularly scheduled meeting of the Board of the Pennsylvania Podiatric Medical Association.

**ADVERTISING:** The existence of this scholarship shall be advertised regularly in the Association newsletter. In addition, the Scholarship shall be listed as a Benefit in the list of membership benefits available to all members who qualify. All advertisements shall list the requirement of participation in the Podiatric Medical Assurance of Pennsylvania program, as well as dates for submission of application.

### Pennsylvania Podiatric Medical Association

757 Poplar Church Rd  
Camp Hill, PA 17011

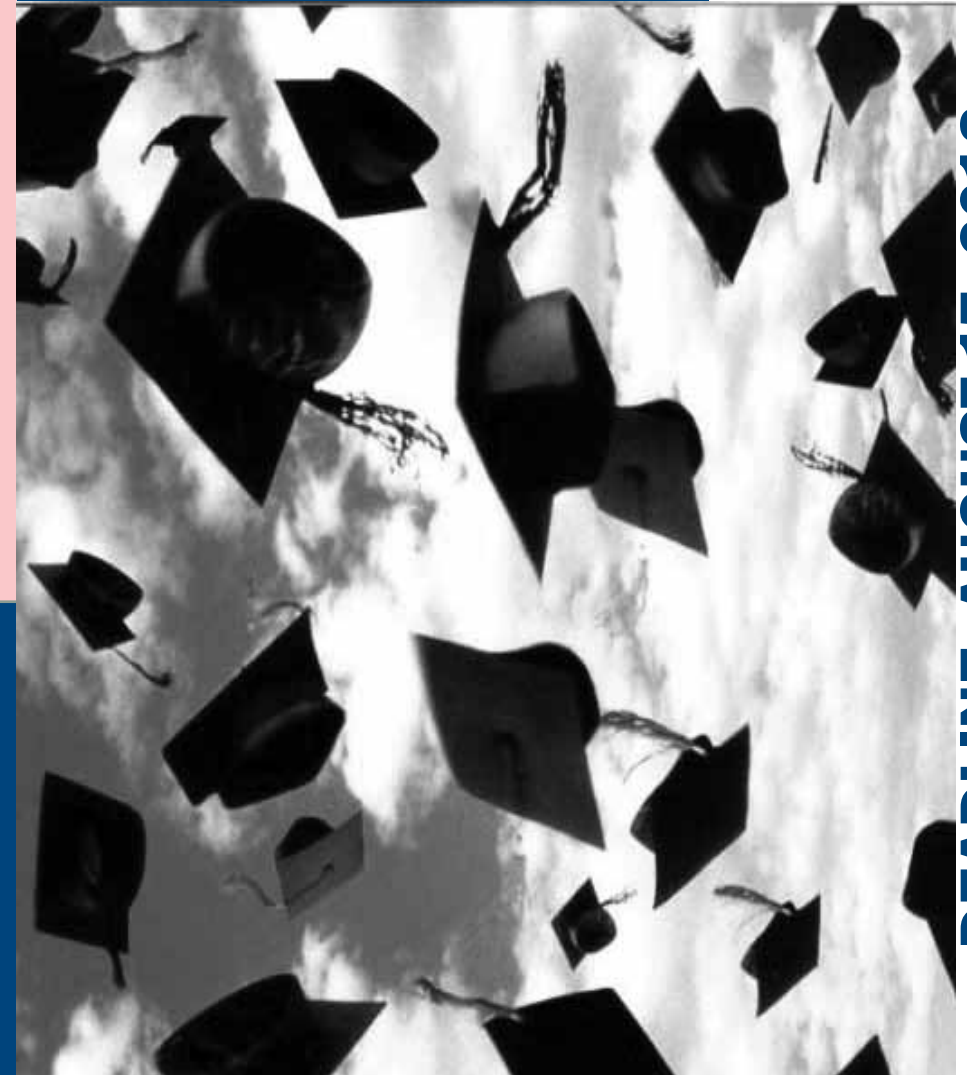
PH: 717-763-7665

FAX: 717-761-4091

E-Mail: [info@ppma.org](mailto:info@ppma.org)

WEB: [www.ppma.org](http://www.ppma.org)

## PPMA FAMILY MEMBER SCHOLARSHIP APPLICATION



**DEADLINE: AUGUST 17, 2018**

**Pennsylvania Podiatric Medical Association  
Family Member Scholarship**

**PPMA Scholarship Application  
DEADLINE: AUGUST 17, 2018**

**AMOUNT OF SCHOLARSHIP TO BE AWARDED: \$1,000**  
**(\$500 underwritten by PPMA and another \$500 matched by The John Yurconic Agency)**

**IN ORDER TO QUALIFY:**

- 1) Applicant must be a Child of an active PPMA member in good standing.
- 2) The PPMA Member must have professional liability insurance supplied through the Podiatric Medical Assurance of Pennsylvania (PMAP) program.
- 3) Applicant must be a High School Graduate currently accepted to or in an accredited four-year College, an accredited two-year college or an accredited trade school.
- 4) Applicant's GPA must be 3.0 or higher.

**PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:**

- 1) Letter of recommendation from a past instructor familiar with your academic performance.
- 2) One copy of your official High School and/or College transcript. High School: include name with city and state, year of graduation and GPA. College: include name with city and state, number of hours completed and GPA.
- 3) List of special achievements, honors and recognition.
- 4) List of extracurricular activities, community involvement and employment.
- 5) Full name of student and address on each page submitted with this application.
- 6) An essay of 300 to 500 words (double-spaced, legible) stating your reasons for choosing your college major. Also include your academic and professional aspirations or inspirations.
- 7) Send Application and all of the above to PPMA for 2018–2019 school year by **AUGUST 17, 2018:**  
PPMA Scholarship  
757 Poplar Church Road  
Camp Hill, PA 17011

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
PPMA MEMBER NAME

\_\_\_\_\_  
MEMBER #

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE & FAX

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PMAP POLICY NUMBER (to confirm enrollment)

APPLICANT SIGNATURE REQUIRED:

Applicant confirms that all information supplied with this form is true and correct:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DISCLAIMER:**

PPMA confirms that all information supplied will not be copied, distributed, published, disseminated, in full or part, to any person, organization, entity, for any purpose other than consideration for award.