



# Payson Hospital Medical Staff Scholarship Application

The Aspire Arizona Foundation (AAF) is administering the Payson Hospital Medical Staff scholarship. The goal is to facilitate the further education of potential health practitioners who may possibly return to work in Payson, Arizona. A total of \$15,000 in scholarships, up to \$5,000 per individual, will be awarded for those meeting eligibility criteria for enrollment in a university or college in the Fall of 2025. **The funds may be used for tuition, books, room and board, and mandatory course fees**, and will be paid directly by AAF to the student's institution of choice.

1. **ELIGIBILITY:** Applicants must be accepted or currently enrolled in a college or university pursuing a health sciences graduate degree (any degree that is above a bachelor's degree = a master's degree or doctorate, also called a doctoral degree) that would ultimately qualify the person to serve on a rural hospital medical staff.
  - An individual who has attended K-12 school or pursued an undergraduate degree in Payson, or has worked or lived in the Payson area, and
  - Is enrolled/accepted in a graduate course of study that will directly lead to a human healthcare-related occupation (including but not limited to MD, DO, DPM, DDS, Physician Assistant, Nurse Practitioner, Certified Registered Nurse Anesthetist, Cytology or other graduate-level degree), and
  - Such a degree would make the individual eligible for membership on the Payson Hospital Medical Staff as provided by the current Medical Staff Bylaws  
<https://www.bannerhealth.com/-/media/files/project/bh/for-physicians/new-provider-orientation/payson/banner-payson-medical-staff-bylaws-revised-5212024.ashx>
  - Students in their residency program are not eligible for the Payson hospital scholarship

## 2. HOW TO APPLY & APPLICATION DEADLINE:

All application forms, properly filled out, signed, and with all requested information attached, (incomplete applications will not be considered) must be received by Aspire Arizona Foundation by the deadline at the address below (NOT postmarked) **no later than close of business (5 pm) on Friday, April 18, 2025** to:

Aspire Arizona Foundation  
431 S. Beeline Hwy, Suite #1  
Payson, AZ 85541

Contact person for questions: Patti Beauchamp 480.213.6773

## 3. AWARDING OF SCHOLARSHIPS

The Aspire Arizona Board shall oversee the awarding of Scholarships. The AAF Scholarship Chairperson shall notify all applicants of their scholarship status by **May 5, 2025**. Scholarship funds shall apply directly to the cost of tuition, books, room and board and mandatory course fees. The scholarship funds will be mailed directly to the institution where the recipient will be enrolling on or after **July 7, 2025**. Funds must be used within a 2-academic year period. All unused awarded funds will be returned to AAF.

## 4. SELECTION PROCESS (reference details in application below)

All applicants will receive consideration for a scholarship based on:

- Evidence of attendance in schools in Payson, AZ, or past or current residence in Payson, AZ.
- Personal Statement (must include your occupational choice, why you chose the occupation you did, what attracts you to healthcare services specifically in a rural area, your goals and objectives, and why you feel you should be selected for this scholarship).
- Demonstrated record of academic achievement and work experience.
- Favorable letters of recommendation.



# Payson Hospital Medical Staff Scholarship Application

Name:

Address:

*Street Address*

*City*

*State*

*ZIP Code*

Phone:

Email:

Date of Birth:

mm/dd/yyyy

High School:

GPA:

High School Graduation Date:

**Current**

College Attending and/or Accepted to:

GPA:

Number of Credits Earned

Projected/Graduation Date:

Previous College Attended:

GPA:

Number of Credits Earned

Graduation Date if applicable:

Previous College Attended:

GPA:

Number of Credits Earned

Graduation Date if applicable:

Please list two references

Full Name:		Relationship:	
Work Place:		Phone:	
Address:			

Full Name:		Relationship:	
Work Place:		Phone:	
Address:			

**Employment**

Organization	Describe your responsibilities	Supervisor	Dates in Years
	3 line maximum description		

**Attach the Following Documents**

- 1) A personal statement (150-250 words) describing: Personal Statement (must include your occupational choice, why you chose the occupation you did, what attracts you to healthcare services specifically in a rural area, your goals and objectives, and why you feel you should be selected for this scholarship).
- 2) Two letters of recommendation (which must be signed and dated within 6 months of this application). If possible, one from a school-related personnel; the other, a hospital/clinic related personnel, not related to you. Both should address your educational or professional capacity, attesting to your academics, character, intentions, follow through, and general worthiness of this scholarship.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to an award, I understand that false or misleading information in my application may result in a relinquishment and remuneration of the scholarship and will disqualify me from any future opportunities with Aspire Arizona Foundation.*

*I allow Aspire Arizona Foundation to use quotes from my personal statement and my picture in any of their publications.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print**

**Reset Form**