

Physician Assistant Rural Service Scholarship Program: 2025-2026
Student Application

Submission Guidelines:

Your application, two recommendation forms, and the Certification of Education Status must be postmarked by **December 12, 2025**. Awards will be made in March.

Please send the entire completed application by the deadline to:

April L. Vestal, MPH, Director
WVU Institute for Community and Rural Health
PO Box 9009
Morgantown WV 26506-9009

Physician Assistant Rural Health Scholarships are awarded through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please type or print your responses in blue ink.**

The following materials are enclosed:

- * Physician Assistant Rural Health Scholarship Program Student Application
- * Two Recommendation forms
- * Certification of Education Status Form
- * Eligible Sites for Service Obligation

Eligibility:

Clinical year physician assistant students in the physician assistant studies program (MHS) at West Virginia University School of Medicine who intend to practice in West Virginia. Selected students will receive a **\$25,000** scholarship in exchange for a 12-month commitment for full-time work in a rural area of West Virginia.

Obligation to Practice in West Virginia:

Students who are awarded a scholarship must sign a contract and practice full-time (40 hours per week) for a minimum of one year at an eligible site. Geographic areas which are eligible for the service obligation may be found using the HRSA Rural Health Grants Eligibility Analyzer <https://data.hrsa.gov/tools/rural-health>. If you have any questions regarding the website or eligible sites please contact Dr. Jennifer Momen.

Students are responsible for locating an eligible practice site. The penalty for not fulfilling the service obligation is repayment of the scholarship with interest.

Eligibility for Other Financial Incentives:

Students who are awarded a Physician Assistant Rural Health Scholarship also may qualify for other financial incentives for rural practice in West Virginia. In some cases, the service obligations can be met concurrently. It is the responsibility of the student to determine if service obligations may be met concurrently.

If you have any questions, you may discuss the program with Dr. Jennifer Momen or finaid@mail.wvu.edu.

Physician Assistant Rural Service Scholarship Program: 2025-2026
Student Application

1. Name: _____
(Last) (First) (Middle)
2. Date of Birth: _____
3. _____
(Current Mailing/Street Address)

(City) (State/Zip) (County)

Evening/Home Phone: _____ Cell Phone: _____

E-mail: _____
4. _____
(Permanent Mailing/Street Address)

(City) (State/Zip) (County)
5. Current year in school: _____ Anticipated Graduation Date: _____
6. Career Goal: _____
7. Are you a resident of West Virginia? Yes No

If "Yes", how many years? _____ What is your home county? _____

Please provide complete information in your responses. Attach additional pages if necessary.

8. Background: (Where were you born and raised? What family ties, if any, do you have in rural West Virginia? Have you ever lived or worked in rural West Virginia or another rural area?)

9. What personal and professional attributes make you a good match for rural practice?
10. What do you believe to be the positives and negatives of practicing and living in West Virginia?
11. If you received this scholarship, what impact would the service obligation have on your personal life?
12. Describe any related community research, service projects, or volunteer work you have done in rural West Virginia.

13. Have you explored practice opportunities in West Virginia? Yes No

Do you have a geographic preference? Yes No

Comments:

14. Do you have any professional or personal barriers to relocating to any part of the state?

15. Do you have any other service obligations, including military obligations? Yes No
If "Yes", please describe.

16. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act which requires that males between the ages of 18 and 25 register with the Selective Service.

Are you in compliance? Yes No Does not apply

Comments:

17a.) List a minimum of three practice opportunities that you have explored, including the site location. If you have not yet explored any options, indicate any areas (counties, towns etc.) you may be considering.

b.) Did you grow up in or near any of the above communities? Yes No

Additional Application Materials Required for All Applicants:

In addition to submitting a completed copy of this application, all applicants must submit the following forms to the WVU Institute for Community and Rural Health. **All materials must be postmarked by December 12, 2025*:**

Your completed scholarship application should include:

1. The completed 2025-2026 WVU Physician Assistant Studies Rural Health Scholarship Application Form.
2. At least **two letters of recommendation** (use the linked Recommendation form) from (1) an official in the Division of Physician Assistant Studies (faculty, program director, or medical director) who can attest to your academic performance, clinical skills and professionalism, and (2) An individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student.
Letters of recommendation may be mailed separately, but must be submitted by the deadline.
3. A completed version of the enclosed Certification of Educational Status Form executed by yourself and the appropriate school official.

*Please notify Dr. Jennifer Momen, Program Director, Division of Physician Assistant Studies that you are applying for the scholarship.

I hereby certify that all the above statements are true and correct. I understand that, if I am awarded a Physician Assistant Rural Health Scholarship, I am obligated to practice a minimum of one year in a rural/medically underserved area of West Virginia or other eligible sites upon graduation. Preferred geographic areas eligible for the service obligation is any site qualifying as rural using the HRSA Rural Health Grants Eligibility Analyzer tool. I understand that these designations frequently change.

I understand it is my responsibility to locate a practice site and be prepared to meet with the scholarship committee to explain why I selected the site.

I also understand that false statements on this application may be grounds for breach of contract.

(Signature of Applicant)

(Date)