

Allergy & ENT Associates

Scholarship Instructions and Application Form

For the Academic Year 2020 - 2021

Instructions for completion of application:

The applicant, the applicant's Allergy & ENT Associates (AENT) physician, a parent or legal guardian, and a representative from your school must complete the application form or a copy of it. Applications may be typed or neatly handwritten in ink.

All applications must be accompanied by:

- An official academic transcript (may be mailed directly to AENT at address below)
- Letter(s) of support (details provided below)
- Video (details provided below)

Attach all materials together with the application form and email to lclement@aentassociates.com. Any materials that are submitted separately, except for official transcripts, will not be accepted. Incomplete applications will NOT be processed, no materials will be returned.

All applications must be submitted by **midnight April 6, 2020** and sent to:

Lindsey Clement, M.Ed
Allergy & ENT Associates
Via email at lclement@aentassociates.com
Subject line – 2020 Scholarship Application

ADMINISTRATION
450 Gears Road, Suite 420, Houston, Texas 77067
(281) 875-8428; (281) 874-0018 Fax

Letters of Support:

All applicants must submit at least one Letter of Support from a school representative. You may submit additional Letters of Support from your school or other sources such as an employer, a community official, etc. You may submit a total of **two** Letters of Support from all sources.

Video:

The video topic is: "My experience with Allergy & ENT Associates." The video should be no more than three minutes in length, highlighting your experience with Allergy & ENT Associates. The video should be submitted in an mp4 or similar format.

Allergy & ENT Associates Scholarship Application

Directions: Please complete all applicant sections, and then pass the application on for completion by your parent or legal guardian, school representative, and AENT Physician.

Your Name: (Last, First, Middle) _____

Your Address: _____

City, State, Zip: _____

Phone (Primary): _____ Gender: _____

E-Mail Address: _____ Marital Status: _____

Your Age: _____ Your Occupation: _____

Are you a US Citizen? ___ Yes ___ No; If "No", Which Country? _____

Parent/Legal Guardian's Section: I confirm that I am aware of this application for the Allergy & ENT Associates Scholarship.

Signature of Parent/Legal Guardian: _____

Date: _____

Physician's Section: Please complete and sign.

Patient's Name: _____ Age: _____

Date Applicant first seen by AENT: _____

Physician's Signature: _____

Applicant's Section: Please complete and sign.

(Please attach a typed & bulleted list of accomplishments if they do not fit on this form.)

Academic Honors and Achievements

High School: _____

College: _____

Highest College Degree You Currently Hold: _____

Graduate School: _____

Extracurricular or Club or Student Government Activities (include offices held).

Community Service and/or Work Experience (include any Honors or Awards).

Applicant Video:

The video helps our Selection Committee learn more about the applicant in a broader and more informal way. The video topic is: "My experience with Allergy & ENT Associates." The video should be no more than three minutes in length, highlighting your experience with Allergy & ENT Associates. The video should be submitted in an mp4 or similar format. The student **must attest** that the video contains their own individual information and experience with Allergy & ENT Associates. An applicants' signature on the Scholarship Application form confirms that the video represents only their information and content (no professional actors, please).

School Section:

Please have a Principal, Dean, or Guidance Counselor/Advisor complete the following and provide a copy of your official transcript:

Academic standing:

Applicant's grade point average: _____ on a scale of _____

Currently enrolled for _____ hours for the semester/trimester ending / .

Signature of School Official: _____

Title: _____ Date: _____

Allergy & ENT Associates Scholarship Application Checklist:

When complete, your application package should include the following:

- ✓ Completed, signed Application Form
- ✓ List of Accomplishments (including separate sheet, if needed)
- ✓ Letter(s) of Support – Maximum of **two (2)** total
- ✓ Certification by School Representative and Transcript (transcript may be sent separately)
- ✓ Applicant Video

Please make sure all sections of the application are completed and that the application package is emailed to lclement@aentassociates.com by midnight April 6, 2020. All materials, except transcript if sent separately, must be included with this electronic application submission.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.