

## Allergy & ENT Associates

### Scholarship Instructions and Application Form

**For the Academic Year 2017 - 2018**

#### 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)
- Essay (details provided below)

Attach all materials together with the application form on top. Mail all materials in one package. 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 postmarked by **March 24, 2017** and submitted to:

Betty O'Bannion, SPHR, SHRM - SCP  
**Allergy & ENT Associates**  
450 Gears Rd., Suite 420  
Houston, Texas 77067

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 **three** Letters of Support from all sources.

**Essay:**

The essay topic is: “How has your condition (allergy and/or asthma) and its treatment affected your life; and what are your academic goals?” The essay should be no more than one typewritten page, highlighting your past achievements and future goals. The applicant must sign, date and attest to the truth of the statements contained in the essay at the bottom of the page on which the essay is typed.

## 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).**

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

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**Applicant Essay:**

The essay helps our Selection Committee learn more about the applicant in a broader and more informal way. The general topic is: "How has your condition (allergy and/or asthma) and its treatment affected your life and what are your academic goals?" Submit an essay that is no more than **one** typewritten page, highlighting past achievements and future goals. The student **must sign and attest** to the truth of this statement at the bottom of the page on which the essay is typed by typing the following statement: "I attest to the truth of this statement." then sign and date the statement.

**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 **three (3)** total
- ✓ Certification by School Representative and Transcript (transcript may be sent separately)
- ✓ Applicant Essay

Please make sure all sections of the application are completed and that the application package is postmarked by March 24, 2017. All materials, except transcript if sent separately, must be attached to this application.

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.***