



## **SCHOLARSHIP INSTRUCTIONS AND APPLICATION FORM ACADEMIC YEAR 2023-2024**

The applicant, the applicant's Allergy & ENT Associates (AENT) physician, a parent or legal guardian, and a representative from the applicant's school must complete the application form. 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 [sleblanc@aentassociates.com](mailto:sleblanc@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 on April 17, 2023** and sent to:

Shelby Leblanc  
Via email at [sleblanc@aentassociates.com](mailto:sleblanc@aentassociates.com)  
Subject line – 2023 Scholarship Application

### **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 ADMINISTRATION**  
*450 Gears Road, Suite 420  
Houston, TX 77067*



**SCHOLARSHIP APPLICATION**

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

**NAME (LAST, FIRST, MIDDLE):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**US CITIZEN:** \_\_\_\_ **YES** \_\_\_\_ **NO**      **WHICH COUNTRY?** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN'S SECTION:**

*I confirm that I am aware of this application for scholarship.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHYSICIAN'S SECTION:**

**PATIENT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**DATE FIRST SEEN BY AENT:** \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_



**APPLICANT'S SECTION:**

*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).*



**SCHOOLS' 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 GPA:** \_\_\_\_\_ **ON A SCALE OF:** \_\_\_\_\_

**CURRENTLY ENROLLED FOR** \_\_\_\_\_ **HOURS**

**SEMESTER/TRIMESTER END DATE:** \_\_\_\_\_

**SIGNATURE OF SCHOOL OFFICIAL:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



### **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 sleblanc@aentassociates.com by midnight April 17, 2023. All materials, except transcript, if sent separately, must be included with this application submission.*

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

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