

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
- Letter(s) of support (details provided below)
- Video (details provided below)

Attach all materials together with the application form and email to dmarts@aentassociates.com.

Incomplete applications will NOT be processed. No materials will be returned.

All applications must be submitted by 11:59 PM, March 31st, 2024, and sent to:

Dana Marts

Via email at dmarts@aentassociates.com

Subject line - **2024 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.

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? _____

Applicant Signature: _____ Date: _____

PHYSICIAN'S SECTION:

Patient's name: _____

Age: _____

Date first seen by AENT: _____

Name: _____

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN'S SECTION:

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

First name: _____ Last name: _____

Signature: _____ Date: _____

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: _____

First name: _____ Last name: _____

Title: _____

Signature: _____ 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
- Applicant video

Please make sure all sections of the application are completed and that the application package is emailed to dmarts@aentassociates.com by midnight April 1, 2024. All materials must be included with this application submission.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

All qualified applicants receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap or the presence of disabilities.