



Alpha Epsilon Delta

AED SCHOLARSHIP APPLICATION – 2011 Award Year

TYPE YOUR INFORMATION ON THIS FORM AND PRINT

APPLICANTS ARE RESPONSIBLE FOR PROVIDING ALL INFORMATION REQUESTED ON APPLICATION FORM—ADDITIONAL MATERIAL WILL NOT BE CONSIDERED. **INCOMPLETE/INCORRECT, AND/OR ALTERED APPLICATION FORMS WILL NOT BE ACCEPTED.**

Name _____ Birth Date ____/____/____
Last First MI

AED Chapter _____ Region # _____ AED Membership # _____
State Greek Letter I,II,III,IV,V (Verify your # with AED National Office)

Local (present) address

Street/P.O. City State Zip

E-mail Address Telephone

Permanent address

Street/P.O. City State Zip

E-mail Address Telephone

Undergraduate institution _____

President of undergraduate institution _____

Dean of your college/school _____

Dean's mailing address _____
Street/P.O. City State Zip

Chapter Advisor _____

Chapter Advisor mailing address _____
Street/P.O. Box City State Zip

Chapter Advisor E-mail address _____ Telephone _____

Academic major _____ Degree _____ Overall GPA _____ Science (BCPM) GPA _____

I will be attending _____ Fall 2010
Health profession school

List below scholastic honors, awards, and recognitions you have received, i.e., scholarships, Dean's List, Honor Societies, since high school. 10 LISTINGS MAXIMUM

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

List below extracurricular activities, i.e., student offices held, society membership and activities, athletic activities, since high school. 10 LISTINGS MAXIMUM. Do not repeat those listed in the previous section.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Provide a typed statement (minimum 10-point font size) of your college and premedical activities focusing on AED contributions, including offices held, committee and convention participation.

****NOTE: ONLY THE INFORMATION PROVIDED IN THE SPACE BELOW WILL BE CONSIDERED!!**

I certify that this information is correct and accurate to the best of my knowledge.

Signature of Applicant

Signature of Chapter Advisor or Chapter President

***Your completed application package must include the following:
FAILURE TO INCLUDE ITEMS 2-5 WILL INVALIDATE YOUR APPLICATION!!!***

- 1. This form must be submitted AS IS and must be typed (the form is fillable!); any alteration will invalidate your application!***
- 2. Official or unofficial transcript(s) from all undergraduate work.***
- 3. Letter of support from two of the following: Chapter advisor, chapter officer, nationally registered member or honorary member **NEW FEATURE!*****
- 4. More than one application will be accepted from each chapter! **NEW FEATURE!*****
- 5. application must be co-signed by either the chapter adviser or the chapter president.***
- 6. Color, glossy, wallet size, professional quality photograph for publication in our Society's journal, "The Scalpel"***
- 7. Eligibility for any scholarship is dependent on acceptance and attendance at a medical, dental or other health care related professional school.***

IMPORTANT NOTICE!!

***Your complete application package MUST BE POSTMARKED
no later than May 31, 2011 and mailed to the following
address:***

***Dr. John W. Lynn, President
Dept. biological Sciences
202 Life Science Building
Louisiana State University
Baton Rouge, LA 70803***

Scholarship applicants will be notified of the evaluation results fall 2011.