



Colorado Allergy and Asthma Centers, P.C.

Founder's Award Scholarship Fund

Application Deadline
June 15th of each year

SCHOLARSHIP APPLICATION

PLEASE COMPLETE ALL APPLICANT SECTIONS, THEN PASS THE APPLICATION ON FOR COMPLETION BY A SCHOOL REPRESENTATIVES AND YOUR PHYSICIAN.

Student's Name (Last, First, Middle) _____

Social Security # _____ E-mail address _____

Student's Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____ Gender _____

Name of School _____ Graduation Date _____

School Address _____

City _____ State _____ Zip _____

PHYSICIAN SECTION: Please complete and sign.

Patient's Name _____ Age _____

Date of onset: Asthma/Allergies _____

CAAC Physician Signature _____

APPLICANT SECTION: Please complete and sign.

Note: If you cannot fit all of your accomplishments on this form, please attach a typed bulleted list.

Academic Honors and Achievements

High School _____

College _____

Graduate School _____

Extracurricular Club/Student Government Activities (include office held)

High School _____

College _____

Graduate School _____

LETTERS OF SUPPORT:

All applicants must submit at least one Letter of Support from a school representative. You may submit as many as three, from your school or other sources such as an employer, a community official, etc.

Patient Scholarship Application Checklist:

- Application Form
- School Transcript
- List of Accomplishments
- Applicant Essay
- Letter(s) of Support

Please make sure all sections of the application are completed and requested documentation stapled to this application.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE PROCESSED.

FOUR \$1,000.00 SCHOLARSHIPS ANNUALLY

Each scholarship is a one-time-only grant. All scholarships will be disbursed directly to the student's college, and must be used for undergraduate/graduate studies. Scholarship will only be paid in the academic year which the reward was given out.

WHO IS ELIGIBLE

All high school seniors who will graduate and college students already enrolled in a graduate or undergraduate program. Employees of CAAC and their immediate families are not eligible.

Applicants must:

- Be in good academic standing
- Be a patient of Colorado Allergy and Asthma for a minimum of 1 year.
- Be United States citizen
- Be accepted to an accredited US college

HOW TO APPLY

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

Make sure to include additional materials requested for the selection process. All applications must be accompanied by:

- An official academic transcript
- Letter of support (details provided on form)
- Essay (details provided on form)

Staple all materials together with the application form on top. Mail all material in one package. Any material that is submitted separately will not be accepted. Incomplete applications will NOT be processed, nor will any material be returned.

All applications must be submitted to:

Colorado Allergy and Asthma Centers, P.C.

14000 E. Arapahoe Rd., Suite 260

Centennial, Colorado 80112

ATTN: Stacy Wiseman

WHEN WILL YOU BE NOTIFIED?

A panel compiled of CAAC physicians and employees selects winners after evaluating the candidates. Winners will be notified in writing, by mail, in the summer of _____. All decisions are final.

For more information, contact: www.coloradoallergy.com