

AAPIO Scholarship Program 2008

We are pleased to announce our scholarship program for deserving students who are embarking on a career in Medicine or in an Allied Health specialty. AAPIO scholarships are for students who demonstrate through their activities in school, in the community, or in the face of unusual circumstances that they have the potential to be leaders of the future in Health care. The scholarships are need based and candidates must provide the necessary financial information. The applicants must show letters of acceptance to a Medical school in the US or to an Allied Health Science school.

For 2008, we are pleased to offer four scholarships. Two scholarships worth \$1500 each are for students entering Medical School **OR** for students who are already in Medical school and two scholarships worth \$1000 each are for students pursuing a career in one of the Allied Health specialties.

Applications must be postmarked by October 1, 2008 and winners will be posted on this website on October 20, 2008. The scholarship awards will be presented at the AAPIO Semi-annual Meeting scheduled to be held on November 14, 2008.

Required: Applicants have to complete this summary sheet and attach it to the top of the application packet.

I. Put a check mark next to the items that are included in your packet:

- Completed application form
- Personal statement essay (two pages maximum, 11 point font minimum, single space acceptable)
- Financial statement- copies of parent's 1040 of the last two years' Federal Income tax returns.
- Acceptance letter from Medical school in the United States or Allied Health Program
- Blank, self-addressed, stamped postcard (postcard is required – U.S. Postal certified mail, UPS, FedEx or other delivery services can be used but is not a substitute)

II. Summary of Application

1. Last Name, First Name: _____

I am applying for (check one)

----- Medical school scholarship

----- Allied Health program scholarship

PLEASE TYPE OR USE BLACK PEN

Before filling out this application, please read the eligibility requirements:

- Attending an accredited Medical / Osteopathic college, university, Allied Health program in Fall of 2008
- Minimum 2.5 GPA

This completed application and all supporting documents must be postmarked by Oct. 1, 2008

Last Name		First Name		M.I.	
Address					Apt. No.
City			State	Zip	
Home Phone ()			Cell Phone, if any ()		
Name of High School					
High School Address, City and Zip Code					
Date of Birth					
Name of College attended					
Professional field you plan to enter ? Please check one.					
----- Dental		-----		Physician	
-----Dietician		-----		Psychiatric Social Worker	
----- Medical Assistant		-----		Nursing	
----- Medical Technologist		-----		Speech therapist	
----- Occupational therapist		-----		X-Ray Technologist	
---- Pharmacist		-----		Other- specify	
---- Physical Therapist					
Name of Medical school or College of Health sciences					
Name of Parent or Guardian (if you are a dependent)					
Address of Parent or Guardian					
Total Family Annual income before taxes (Please attach a copy of page 1 of your 2007/2008 Federal income tax return OR if you are a dependent, a copy of page 1 of your parents' federal income tax return)					
How do you plan to finance your college education ?					

List information regarding employment in the past 3 years

List information regarding employment in the past 3 years

Honors/Awards (attach additional pages if needed)

<i>Honor/Award Name</i>	<i>Brief Description of Honor/Award</i>	<i>Award Type Academic or Community</i>	<i>Year Received</i>
Example: Golden State Exams Academic Award of Excellence	Invitational state-wide standardized testing. Received award in mathematics and language	Academic	2006, 2007
Example: Asian International Youth Award	Award for outstanding work at Asian Community Center.	Community	2006

Community Activities/Volunteer Experience (attach additional pages if needed)

<i>Activity</i>	<i>Organization</i>	<i>Responsibilities or Position Held</i>	<i>Hours per week or Total Hours if activity was only one day</i>	<i>Dates Participated in this activity (include month/year for Start and End dates)</i>	<i>If required for school class or graduation, put a check mark here</i>

School / College Activities (attach additional pages if needed)

<i>Activity</i>	<i>Organization</i>	<i>Responsibilities or Position Held</i>	<i>Hours per week or Total Hours if activity was only one day</i>	<i>Dates Participated in this activity (include month/year for Start and End dates)</i>	<i>If required for school class or graduation, put a check mark here</i>

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AAPIO Scholarships are for students who demonstrate – through their activities in school, in the community, or in the face of unusual circumstances – that they have the potential to be leaders of the future.

Required Documents

- Personal Statement: Your statement should reflect your view and experiences about how you decided to choose a career in Health care. If you have any special circumstances or family responsibilities we should be aware of, please include these in your Personal Statement. Your Personal Statement should be a maximum of two pages, minimum of 11 point font, single space is acceptable.
- Copy of official high school **OR** college transcripts as applicable.
- Acceptance letter from Medical School or college of Health sciences
- Two letters of recommendation from a teacher, counselor, employer, clergy or any adult not related to you.
- One blank, self-addressed, stamped postcard. The postcard will be mailed back to you to confirm receipt of your application. (A postcard is required – U.S. Postal certified mail, UPS, FedEx or other delivery services can be used but is not a substitute)

PLEASE NOTE:

- The scholarship application and all required documents should be sent in ONE packet .
- Incomplete application packets will not be processed.

All the information on this form is true and complete to the best of my knowledge. If asked by the Scholarship Committee, I agree to give proof of the information that I have provided on this application.

Signature of Applicant: _____ *Date:* _____

APPLICATION DEADLINE – OCTOBER 1, 2008

Mail application and required documents to:
AAPIO CHARITABLE FOUNDATION
C/O S. Ramachandra, MD
2837, Grapevine Terrace
Fremont, CA 94539

You can get further information about the scholarship program and download an application at <http://www.AAPIO.org>

Awards to be presented at the AAPIO Semi-annual meeting on November 14, 2008.