AAFA-TX & KAREEM BACCHUS MEMORIAL FUND ACADEMIC SCHOLARSHIP APPLICATION 2011-2012

Part 1: This page is to be completed by applicant. Please print legibly in ink or type.

Name ____

Street address ______________________________________ City _____________________

State ______ Zip _______________ email ____

Telephone _________________ Birth Date: ______________ Social Security #: _____________

Name of High School ____

Complete Address of High School ____

Graduation date ___________ USA citizen? Yes No Do you have legal USA residency? Yes No

Have you been accepted to a college or university? Yes No Student ID# ___________________

If yes, which one? ____

University address where we would send scholarship check if you are selected __________________

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Please list extracurricular activities, clubs, sports or student government participation

____________________________________ ____________________________________

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Please list community service or work experience, including any academic or community honors or awards.

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In an accompanying letter, describe how your asthma has affected your life and how you have dealt with your asthma in school and in other aspects of your life. Include information about yourself, your goals and ambitions. Please limit the letter to no more than 1 typed page. In signing you agree the scholarship value is a one-time payment of $500 and if selected as recipient of this award, the funds will be paid to college or university of your choice.

Applicant's signature: _____________________________________ Date: _________________

Application Part 2

Part 2: This page should be completed by high school guidance counselor or academic dean.

Student's Name: ____

Student's Class Rank ____________ of ______________ Student's Major __________________

Student's Grade Point Average ____________________ on a scale of _____________________

Briefly, assess the applicant's abilities and accomplishments ____________________________

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Signature: ___________________________________ Print Name ______________________

Title ___________________________ Daytime Phone __________________ Date __________

Email address: ____

By signing this application, you attest that the applicant's academic credentials are as stated. Transcript may be requested. If there are any questions about this application, please send queries to info@aafatexas.org Thank you.

APPLICATION DEADLINE: All 4 sections of the application must be returned to AAFA-TX by the applicant and postmarked by March 31, 2012. No application postmarked after that date will be reviewed. Mail to: AAFA-TX
3904 Justin Drive
Ft. Worth, TX 76244

Part 3: This part is to be completed by applicant's physician.

Physician's name ____

Address ____________________________________ City ________________ Zip ________

Phone _____________________________________ Specialty _______________________

Applicant's Name ____

Does the student applicant currently have asthma? (circle one) Yes No

If yes, what classification and type?
____ Allergic ____ Exercise Induced ____ Infection Induced ____ Other

____ Mild Intermittent ___ Mild Persistent ___ Moderate Persistent ___ Severe Persistent

Patient's age at onset? _______________ Length of time under your care? ________________

Current Medication Use (please check all that apply)
____ Short term inhaled Beta$_2$Agonists ____ Anticholinergics ____ Systemic Corticosteroids

____ Corticosteroids ____ Long-acting Beta$_2$Agonists ____ Leukotriene modifiers ___ Other

Physician Signature _____________________________________ **Date** ________________

Part 4: This part is to be completed by applicant's parent or guardian.

Parent or Guardian's name _______________________________ relationship ______________

Address ______________________________________ City ______________ Zip __________

Phone _____________________________ email ___________________________________

Please provide information on financial need. Add an additional page if required. AAFA-TX reserves the right to request support materials if needed

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I understand that AAFA-TX will publicize the winners of the scholarships and a senior picture will be provided for this intent.

Signature of parent or guardian __________________________________ **Date** _____________

PLEASE NOTE: All information provided is confidential. No financial information will be shared or publicized. Please send all questions to info@aafatexas.org Thank you.