



## Scholarship Application 2016-2017

Applicants are responsible for providing all information requested on the Application Form.

Additional material will not be considered.

**Incomplete application forms will not be accepted.**

Your completed application packet must include the following:

- This form must be submitted as is and must be typed (the form is fillable); any alteration will invalidate your application.
- Application must be signed by either the chapter advisor or the chapter president. We will accept handwritten signatures or electronic signatures.
- Official or unofficial transcript(s) from all undergraduate work.
- Letter of support from two of the following: Chapter advisor, chapter officer, nationally registered member or honorary member.
- Digital high quality photograph for publication in our Society's journal, "The Scalpel"  
(email to [aednationaloffices@tcu.edu](mailto:aednationaloffices@tcu.edu))  
**subject line: Scholarship Photo**

Your complete application package must be postmarked no later than April 30, 2017 of your senior year and mailed to the following address:

**Alpha Epsilon Delta  
National Office  
TCU Box 298810  
Fort Worth, TX 76129**

**Failure to include these items will invalidate your application.**

More than one application will be accepted from each chapter.

Eligibility for any scholarship is dependent on acceptance and attendance at a medical, dental or other health care related professional school. **Scholarship applicants will be notified of the results in Fall 2017.**

Student Section		
First Name	Permanent Address	
Middle Name	City	
Last Name	State	
Email	Zip Code	
Birth Date (MM/YY)	Cell Number	
Chapter/Institution Section		
Chapter (State, Greek)	Undergraduate Institution	
AED National ID	Region	President of Undergraduate Institution
Dean of College/School	Chapter Advisor	
Dean's Mailing Address	Advisor Mailing Address	
Advisor Phone	Advisor Email	
Academic Major	Degree	
Overall GPA	Science (BCPM) GPA	
Health Professional School you will be attending		



## Scholarship Form

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**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.	



# Alpha Epsilon Delta

The Health Preprofessional Honor Society

## Scholarship Form

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!

Signature Section
Student Signature
Advisor or Chapter President Signature