



# Alpha Epsilon Delta

## AED SCHOLARSHIP APPLICATION--2007 AWARD YEAR

TYPE OR PRINT YOUR INFORMATION ONLY ON THIS FORM.

**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 \_\_\_\_\_ SSN \_\_\_\_\_  
*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 2007  
*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.

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*Signature of Applicant*

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*Signature of Chapter Advisor*

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*Signature of 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; any alteration will invalidate your application!***
- 2. Official or unofficial transcript(s)***
- 3. Letter of support from your Chapter Advisor***
- 4. Letter of support from ONE—ONLY ONE!—Chapter Officer***
- 5. Color, glossy, wallet size, professional quality photograph for publication in our Society's journal, "The Scalpel"***

## ***IMPORTANT NOTICE!!***

***Your complete application package MUST BE POSTMARKED no later than April 30, 2007 and mail only one (1) per chapter to the following address:***

***Dr. T. G. Jackson  
Department of Chemistry  
University of South Alabama  
Chemistry Building, Room 223  
Mobile, AL 36688-0002***

**Scholarship applicants will be notified of the evaluation results early fall 2007.**