



Founders Scholarship Application

DEADLINE: August 17, 2018 (must be RECEIVED by this date)

Up to 4 scholarships of \$500 are awarded

Send this form and transcript to:
Alison Garten, DPM- Immediate Past President
11030 S. Tryon Street, Suite 308
Charlotte, NC 28273

Applicant information

_____	_____	_____	_____
Last	First	MI	Date
_____			_____
Street Address			Apt. #
_____	_____	_____	_____
City	State	Zip Code	Phone
_____			_____
Email address			SSN Number

REQUIRED:

Are you a member of AAWP?	YES	NO
Do you have a GPA >3.0?	YES	NO
Are you currently a 3 rd year student?	YES	NO

Education

_____	_____
College/University	Address
From: _____	To: _____
	Degree: _____
_____	From: _____
Podiatry School	To: _____

Professional Reference

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

AAWP Positions and Involvement



Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to the award of a scholarship, false or misleading information in my application or interview may result in my release of monies granted.

Signature

Date

Send an official transcript from your Podiatric Medical School.

Please include a personal statement below to support your request from an AAWP Founder's Scholarship.