



**Colorado Allergy and Asthma Centers, P.C.**

**Scholarship Application**  
**Founder's Award Scholarship Fund**

Application Deadline  
June 15th of each year

**PLEASE COMPLETE ALL APPLICANT SECTIONS, THEN PASS THE APPLICATION ON FOR COMPLETION BY A SCHOOL REPRESENTATIVE AND YOUR CAAC PROVIDER.**

Student's Name (Last, First, Middle) \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail address \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Name of School that you will be attending in the fall \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PROVIDER SECTION: Please complete and have your provider sign.**

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Current Provider \_\_\_\_\_

CAAC Provider Signature \_\_\_\_\_

**APPLICANT SECTION: Please complete and sign on Signature Page.  
Note: If you cannot fit all of your accomplishments on this form, please attach a double spaced bulleted list.**

**Academic Honors and Achievements**

High School \_\_\_\_\_

\_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

Graduate School \_\_\_\_\_

\_\_\_\_\_

**Extracurricular Club/Student Government Activities** (include office held, honors and awards)

High School \_\_\_\_\_

\_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

Graduate School \_\_\_\_\_

\_\_\_\_\_

**Community Service and/or Work Experience**

High School \_\_\_\_\_

\_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

Graduate School \_\_\_\_\_

\_\_\_\_\_

**APPLICANT ESSAY:**

The essay helps our Selection Committee learn more about the applicant in a broader, more informal way. The general topic is: **“How has your medical condition & treatment affected your life and what are your academic & career goals?”** Submit an Essay that is **no more than one page**, highlighting achievements, obstacles you have overcome and future goals.

**SCHOOL SECTION:**

Please have a Principal, Dean, Guidance Counselor/Advisor or Teacher complete the following.

**Academic Standings**

Applicant's class rank: \_\_\_\_\_ of \_\_\_\_\_

Applicant's grade point average: \_\_\_\_\_ on a scale of \_\_\_\_\_

Briefly assess the Applicant's abilities and accomplishments: \_\_\_\_\_

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Signature of school representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SCHOLARSHIP APPLICATION CHECKLIST:**

All applicants must submit at least one Letter of Support from a school representative. You may submit as many as three, from your school or other sources such as an employer, a community official, etc.

**Patient Scholarship Application Checklist:**

- Application Form
- List of Accomplishments
- Letter(s) of Support
- Official Academic Transcript
- Applicant Essay
- Signature Page

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE RECEIVED.**

## **FOUR \$1,000.00 SCHOLARSHIPS ANNUALLY**

Each scholarship is a one-time-only grant. All scholarships will be disbursed directly to the student's educational institution, and must be used for higher education studies. Scholarship will only be paid in the academic year which the reward was given out. Once scholarship application is submitted, the application and its contents become the property of CAAC and excerpts and images may be used in any/all CAAC electronic and printed publications.

## **WHO IS ELIGIBLE**

All high school seniors who will graduate and college students already enrolled in a higher education program. Previous winners or employees of CAAC and their immediate families are not eligible.

### **Applicants must:**

- Be in good academic standing
- Be a current patient of Colorado Allergy and Asthma for a minimum of 1 year.
- Be a United States citizen
- Be accepted to an accredited US college

## **HOW TO APPLY**

The applicant, the applicant's physician and a representative from your school must complete the attached application form (or a copy of it). The applicant or parent /guardian (if applicant is less than 18 years of age) must sign the Signature Page. Application entries must be legible.

### **Make sure to include additional materials requested for the selection process. All applications must be accompanied by:**

- An official academic transcript
- Letter of support (details provided on form)
- Essay (details provided on form)
- Signed HIPAA Media Release for Minors (under 18 years old) or for Adults

Staple all materials together with the application form on top. Mail all material in one package. Any material that is submitted separately will not be accepted. Incomplete applications will NOT be processed, nor will any material be returned.

All applications must be submitted to:  
Colorado Allergy and Asthma Centers, P.C.  
2014 Caribou Drive Ste 200  
Fort Collins, Colorado 80525  
ATTN: Stacy Wiseman

## **WHEN WILL YOU BE NOTIFIED?**

A panel compiled of CAAC physicians and employees selects winners after evaluating the candidates. Winners will be notified via phone call and by mail, in the summer of the current year. All decisions are final. All winners will be required to submit a photo, short biography and pose for a photograph with their CAAC provider presenting the scholarship certificate which may be used in any/all CAAC electronic and printed publications. For more information, please go to:  
[www.coloradoallergy.com](http://www.coloradoallergy.com)

**SIGNATURE PAGE:**

I certify that the statements made on this application are correct and complete to the best of my knowledge and I agree to the terms, conditions and acknowledgements outlined in the application:

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if minor) \_\_\_\_\_ Date \_\_\_\_\_