



SCHOLARSHIP OF EXCELLENCE NOMINATION FORM

DATE: _____

NAME OF ASAHP REPRESENTATIVE AT MEMBER SCHOOL:

ASAHP INSTITUTION: _____

NAME OF NOMINEE: _____

NOMINEE'S PROGRAM: _____

HAS THE NOMINEE SUCCESSFULLY COMPLETED AT LEAST ONE TERM? YES NO

EXPECTED DEGREE: _____ EXPECTED DATE: _____

WILL NOMINEE BE AT CAREER ENTRY UPON COMPLETING PROGRAM? YES NO

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FOR NOMINATING REPRESENTATIVE TO SIGN:

I certify that this is the only application to be considered for the Scholarship of Excellence from the above named Institution.

FOR NOMINATED STUDENT TO SIGN:

I have given the institution permission to submit all necessary information for this application.

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A COMPLETE NOMINATION PACKET DUE MAY 15 WILL INCLUDE FOUR COPIES OF EACH OF THE FOLLOWING ITEMS:

- a. COMPLETED "ASAHP SCHOLARSHIP NOMINATION FORM"
- b. A LETTER ENDORSED BY THE ASAHP INSTITUTIONAL REPRESENTATIVE THAT SUPPORTS THE NOMINATION AND DESCRIBES THE QUALITIES OF THE CANDIDATE (SEE #6 UNDER QUALIFICATIONS)
- c. A NOMINEE'S CURRENT RESUME.
- d. A ONE-PAGE (NOT TO EXCEED 200 WORDS) TYPEWRITTEN ESSAY FROM THE NOMINEE THAT ADDRESSES WHY HE/SHE SELECTED THE HEALTH PROFESSION FOR WHICH HE/SHE IS ENROLLED AND WHAT UNIQUE CONTRIBUTION HE/SHE INTENDS TO MAKE TO THE COMMUNITY'S HEALTH.

ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS
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