American Association of Physicians of Indian Origin (Arkansas)

Dr. A.P.J. Abdul Kalam Scholarship Application

The AAPI represents the interests of 100,000 physicians of Indian origin in the USA and is one of the largest professional medical societies in the USA. Arkansas chapter of AAPI recognizes students for their academic excellence and service to the local and/or global community.

Information:

1. Applicant must be a junior with a cumulative **GPA of 3.8** or better.
2. An official transcript must be attached. Each student can apply only in one category of scholarship.
3. Applicant must write an essay of at least 500 words on the topic- **“Describe a significant challenge that you have faced and how it has affected you”**
4. List ALL the **volunteer/community service activities, and leadership activities** in the table format. Example of the table to be used is provided. Please make separate table for each activity as provided in the application.
5. At least two letters of recommendation from a teacher, counselor, or school official documenting your community service and leadership skills must be attached.
6. A scholarship in the amount of **$ 500.00** will be awarded if selected for the scholarship
7. The application will also be considered for the special scholarship awards.
8. **PLEASE PRINT EMAIL ADDRESS CLEARLY**
9. **APPLICATIONS THAT DO NOT FULFIL ALL OF THE ABOVE CRITERIA OR ARE SUBMITTED AFTER THE APPLICATION DEADLINE WILL NOT BE CONSIDERED.**

**Deadline for submission is May 31st, 2020**

**Scholarship winners will be announced by August 1st, 2020**

**Awards ceremony will be held on Saturday, August 29th, 2020 at the Statehouse Convention Center**

Please Email/Mail the completed application to:

**aapi**[**arkansas@gmail.com**](mailto:Tariqsarag@uams.edu)

**Or**

**AAPI Arkansas**

**P.O. Box   22008**

**Little Rock, AR 72221**

Personal Information:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Information:

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counsellor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counsellor’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table format to be used to list volunteer activity/ community service and leadership activity.**

**Please create additional tables if necessary to list all the activities that you have participated in.**

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| **Volunteer/Community Service** | **Name of the Organization** | **Hours devoted to each activity** | **Your Role** |
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| **Leadership activity** | **Name of the Organization** | **Hours devoted to each activity** | **Your Role** |
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