



Founders Scholarship Application

DEADLINE: August 15, 2017 (must be RECEIVED by this date)

Up to 4 scholarships of \$500 are awarded

Send this form and transcript to:
Aparna Duggirala, DPM- Immediate Past President
10215 Fernwood Road, Ste 635
Bethesda, MD 20817

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 3rd year student? YES NO

Education

College/University Address

From: _____ To: _____ Degree: _____

Podiatry School From: _____ 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.