

ASTHMA & ALLERGY FOUNDATION OF AMERICA

NEW ENGLAND CHAPTER, INC.

220 BOYLSTON STREET, Ste. 203, CHESTNUT HILL, MA 02467

TEL: 877-2-ASTHMA FAX: 617-965-8886

**OVERCOMING OBSTACLES TO MANAGING ASTHMA
OR SEVERE ALLERGIES AS A TEEN**

**THE 2006 SCHOLARSHIP CONTEST
FOR HIGH SCHOOL SENIORS**

APPLICATION DEADLINE: POSTMARKED BY February 15, 2006

For additional copies please photocopy or download from Website: www.asthmaandallergies.org

The Asthma & Allergy Foundation of America/New England Chapter, Inc. (AAFA/NE) wishes to honor students who are role models for others who suffer from asthma and/or significant allergies. AAFA/NE is a non-profit organization providing education, support, resources, advocacy and research for New Englanders with asthma and allergies. Two \$1000 scholarships will be awarded.

WHO IS ELIGIBLE?

All high school seniors who live in New England, (CT, MA, ME, NH, RI, VT) who have asthma or significant allergies, who plan to begin higher education after high school, who have attained a level of excellence in academic and/or extra-curricular activities, and who submit complete applications postmarked by the February 15, 2006 deadline. The winners will be featured in AAFA/NE press releases, publications and website, and appear at events and speak to the press if requested by AAFA/NE.

HOW DO I ENTER THE COMPETITION AND SUBMIT AN ESSAY?

This form must be completed by the student, personal physician, parent/guardian, and by the school principal/guidance counsel or teacher or coach. The following must be included:

1. An original essay addressing the title: **Overcoming obstacles to managing asthma or severe allergies as a teen**. The essay must be written by the student. The completed essay should be no longer than one page (minimum font size 11). - Section 3.
2. Signed authorizations – Section 4.
3. Requested information and signatures from guidance counselor, other school personnel and physician. – Sections 6, 7, 8.
4. Official school transcript.
5. Addresses of local newspapers where press releases will be submitted if you are selected as a winner or honorable mention. - Section 5.
6. A self-addressed stamped envelope.

ONLY COMPLETE APPLICATIONS POSTMARKED BY February 15, 2006 WILL BE CONSIDERED. INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

HOW IS THE WINNER SELECTED?

The Asthma and Allergy Foundation of America /New England Chapter, Inc. a non-profit organization, selects the winners. The judges will evaluate eligible students' academic records, references, and essays. The winner will be notified by mail. All decisions of the judges are final. No material will be returned.

HOW MUCH IS THE SCHOLARSHIP?

Two first-place winners will be chosen and each will receive a \$1000 scholarship. In addition, between five and twenty-five applicants from geographically dispersed areas throughout New England will be awarded Honorable Mention. AAFA/NE reserves the right to change the number of scholarships awarded based on applications received.

**THE 2006 SCHOLARSHIP CONTEST
FOR HIGH SCHOOL SENIORS
OVERCOMING OBSTACLES TO MANAGING ASTHMA OR
SEVERE ALLERGIES AS A TEEN
(Please type or print)**

SECTION 3: PLEASE ATTACH YOUR ORIGINAL ESSAY, ENTITLED:

Overcoming obstacles to managing asthma or severe allergies as a teen

Use your own experiences to tell others how you implemented a sound asthma/allergy plan, advocated for yourself, handled school situations and dealt with social pressures. Please include in your essay actual examples of how you handled positive or difficult situations related to your asthma and/or allergies. Please be as specific as possible in one typed page. (*Minimum font size 11*)

SECTION 4: AUTHORIZATIONS

PLEASE ENTER MY NAME IN THE AAFA/NEW ENGLAND SCHOLARSHIP COMPETITION. I UNDERSTAND THAT THE SELECTION OF WINNERS WILL BE AT THE SOLE DISCRETION OF AAFA/NEW ENGLAND. I AUTHORIZE RELEASE OF THE INFORMATION ON THIS FORM AND IN MY ENCLOSED ESSAY. I ALSO GIVE PERMISSION TO AAFA/NE, INC. TO PUBLISH MY PHOTOGRAPH IN CONNECTION WITH THE SCHOLARSHIP CONTEST.

SIGNATURE APPLICANT

DATE

PARENT/GUARDIAN PERMISSION: (If applicant is younger than 18 years of age.)

DATE

PARENT/ GUARDIAN NAME (printed)

SECTION 5: PLEASE LIST ADDRESSES OF LOCAL NEWSPAPERS WHERE ANNOUNCEMENT MAY BE SENT IF YOU WIN:

Newspaper _____ Address _____

Newspaper _____ Address _____

High School Newspaper (name) _____

SECTION 6: THIS SECTION SHOULD BE COMPLETED BY GUIDANCE COUNSELOR:

A) ACADEMIC STANDING:

APPLICANT'S CLASS RANK _____ OF _____

APPLICANT'S GRADE POINT AVERAGE _____ ON SCALE OF _____

COUNSELOR'S NAME

TITLE

COUNSELOR'S SIGNATURE

DATE

B) TRANSCRIPT: PLEASE ATTACH A COPY OF APPLICANT'S OFFICIAL TRANSCRIPT.

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SECTION 8: TO BE COMPLETED BY PHYSICIAN WHO TREATS STUDENT FOR ASTHMA And/Or ALLERGIES.

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This information is for the Asthma & Allergy Foundation of America/New England Chapter, Inc. Scholarship Program.

STUDENT'S NAME _____

D.O.B. _____

ASTHMA

A. **TYPE** (Please check all that apply to student).

Exercise Induced Nocturnal Allergic Asthma Intrinsic

B. **DURATION:** _____

C. **SEVERITY:** Mild Intermittent Mild Persistent Moderate Severe

D. **PRESENT STATUS:** Stabilized with intermittent therapy

Stabilized with chronic therapy

Other (describe) _____

ALLERGIES

A. **TYPE:** (Please check all that apply to student) Food Anaphylaxis Rhinitis Asthma Skin

B. **DURATION:** _____

C. **SEVERITY:** Mild Moderate Severe

D. **EFFECT ON LIFESTYLE:** Significant Moderate Little None

E. **ALLERGENS:** _____

F. **PHYSICIAN'S MEDICAL SUMMARY** (May be attached on a separate page.)

G. **PHYSICIAN'S ADDITIONAL COMMENTS.** (May be attached on a separate page)

PHYSICIAN'S NAME (PLEASE PRINT) _____

PHONE _____

OFFICE ADDRESS _____

CITY _____

STATE _____

ZIP _____

SIGNATURE _____

MEDICAL SPECIALTY _____

DATE _____

MEDICAL SPECIALTY _____

DATE _____