

ASTHMA AND ALLERGY FOUNDATION OF AMERICA

NEW ENGLAND CHAPTER, INC.

109 Highland Avenue, Needham, MA 02494

TEL: 877-2-ASTHMA FAX: 781-444-7718

**GROWING UP WITH ASTHMA OR SEVERE ALLERGIES:
CHALLENGES I FACED & HOW I MET THEM**

**THE 2009 SCHOLARSHIP CONTEST
FOR HIGH SCHOOL SENIORS**

APPLICATION DEADLINE: POSTMARKED BY February 15, 2009

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

The Asthma and Allergy Foundation of America New England Chapter, Inc. (AAFANE) wishes to honor students who are role models for others who suffer from asthma and/or significant allergies. AAFANE 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, 2009** deadline. The winners will be featured in AAFANE press releases, publications and website, and appear at events and speak to the press if requested by AAFANE.

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 counselor or teacher or coach. Applications should be mailed to AAFA New England at the address noted at the top of this page. The following must be included:

1. An original essay addressing the title. 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. If you are notified that your application has advanced to the final round of review, you must submit a copy of your essay electronically (in Microsoft Word) via email to AAFANE.
7. A self-addressed stamped envelope.

ONLY COMPLETE APPLICATIONS POSTMARKED BY **FEBRUARY 15, 2009** 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 winners will be notified by mail. All decisions of the judges are final. No material will be returned.

HOW MUCH IS THE SCHOLARSHIP?

The winners will receive a \$1000 scholarship. In addition, applicants from geographically dispersed areas throughout New England will be awarded Honorable Mention. AAFANE reserves the right to change the number of scholarships awarded based on applications received.

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(Please type or print)**

SECTION 1: GENERAL INFORMATION

STUDENT INFORMATION

<i>STUDENT'S NAME</i>			
<i>STUDENT'S HOME ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
<i>TELEPHONE</i>	<i>E-MAIL</i>	<i>DATE OF BIRTH</i>	
<i>NAME OF SECONDARY SCHOOL</i>		<i>EXPECTED GRADUATION DATE</i>	
<i>SCHOOL ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>

SECTION 2: ACTIVITIES & ACHIEVEMENTS

*Please list the following information
You may attach a page for additional information if needed*

<i>SCHOOL SPORTS</i>	<i>Leadership Position (if applicable)</i>	<i>Grade Participated</i>
<i>OTHER TEAM/CLUB SPORTS</i>		
<i>EXTRACURRICULAR ACTIVITIES</i>		
<i>COMMUNITY SERVICE AND/OR WORK EXPERIENCE:</i>		
<i>ACADEMIC HONORS AND ACHIEVEMENTS:</i>		

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SECTION 3: PLEASE ATTACH YOUR ORIGINAL ESSAY, ENTITLED:

Growing Up with Asthma or Severe Allergies: Challenges I Faced & How I Met Them

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, 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:

Next year, we plan on electronically distributing our scholarship application to guidance departments. To assist us in reaching you, please make sure your contact information below is accurate.

A) ACADEMIC STANDING:

APPLICANT'S CLASS RANK _____ OF _____

APPLICANT'S GRADE POINT AVERAGE _____ ON SCALE OF _____

COUNSELOR'S NAME

TITLE

COUNSELOR'S SIGNATURE

DATE

E-MAIL

PHONE

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 and 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 Seasonal Environmental 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 CLEARLY) _____ PHONE _____

OFFICE ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE _____ MEDICAL SPECIALTY _____ DATE _____

E-MAIL _____