

ACADEMIC ASSOCIATES IN ALLERGY, ASTHMA AND IMMUNOLOGY

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Drs. Lockey, Fox, Ledford and Glaum yearly award two patients with asthma, who have been our patients for over one year, a scholarship of \$200.00. The scholarship recipients must be in good academic standing, American citizens, currently seniors in high school who are accepted by an accredited U.S. college. The scholarship is a one time only grant paid to the college for undergraduate study for the freshman year. Application deadline is May 1st of each year.

PLEASE COMPLETE ALL APPLICANT SECTIONS. COMPLETION BY A SCHOOL REPRESENTATIVE AND YOUR PHYSICIAN IS REQUIRED.

Student's Name (Last, First, Middle) _____

E-mail address _____

Student's Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____ Gender _____

Name of School _____ Graduation Date _____

School Address _____

City _____ State _____ Zip _____

PHYSICIAN SECTION: Please complete and sign.

Patient's Name _____ Age _____

Date of onset of asthma _____

Physician Signature _____

APPLICANT SECTION: Please complete and sign.

Academic Honors and Achievements

High School _____

Extracurricular Club/Student Government Activities (include office held)

High School _____

Community Service and/or Work Experience (include any Honors or Awards)

High School _____

I give permission to Drs. Lockey, Fox, Ledford and Glaum to publish my/my child’s name, picture and any information about me/my child pertinent to the Award.

Applicant signature _____

Guardian signature if applicant is under 18 years of age _____

APPLICANT ESSAY:

How has your asthma affected your activities and school days, including sports and other activities?

What are your future career goals?

SCHOOL SECTION:

Please have a Dean, Guidance Advisor or Teacher complete the following:

Academic Standings

Student’s class rank: _____ of _____

Student's grade point average: _____ scale of _____

Assess the student’s abilities and accomplishments briefly: _____

Signature of school representative _____ Title _____ Date _____

LETTER FROM SCHOOL REPRESENTATIVE

All applicants must submit at least one Support Letter from a school representative. You may submit more from your school, work, etc.

Patient Scholarship Application Checklist:

- Application Form
- School Transcript
- List of Accomplishments
- Applicant Essay
- Letter(s) of Support

Please make sure all sections of the application are completed and requested documentation stapled to this application.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE PROCESSED.

SCHOLARSHIPS

The scholarship is a one-time-only grant paid directly to the college for undergraduate study in the academic year which the scholarship was awarded.

WHO IS ELIGIBLE

All high school seniors who will graduate and enroll in an undergraduate program.

Applicants must:

- Be in good academic standing
- Be a patient of Drs. Lockey, Fox, Ledford and Glaum for a minimum of one year
- Be an United States citizen
- Be accepted to an accredited college in the United States

HOW TO APPLY

The applicant, the applicant's physician, a parent or guardian, and a representative from your school must complete the attached application form (or a copy of it). Applications may be typed or neatly handwritten in ink.

Make sure to include additional materials requested for the selection process.

All applications must be accompanied by:

- An official academic transcript
- Letter of support (details provided on form)
- Essay (details provided on form)

Mail all materials in one package. Materials will not be returned.

Mail to:

Drs. Lockey, Fox, Ledford and Glaum

ATTN: Dona Shearer, R.N.

13801 Bruce B. Downs Boulevard, Suite 502

Tampa, Florida 33613

YOU WILL BE NOTIFIED BY AUGUST 31st:

A panel of physicians and employees selects winners after evaluating the applications. Decisions are final.