



Scholarship Application 2023

Applicants are responsible for providing all information requested on the Application Form.

Additional material will not be considered.

Incomplete application forms will not be accepted.

Your completed application packet must include the following:

- This form must be submitted as is and must be typed (the form is fillable); any alteration will invalidate your application.
- Application must be signed by either the chapter advisor or the chapter president. We will accept handwritten signatures or electronic signatures.
- Official or unofficial transcript(s) from all undergraduate work.
- Letter of support from two of the following: Chapter advisor, chapter officer, nationally registered member or honorary member.
- Digital high quality photograph for publication in our Society's journal, "The Scalpel"
(email to aednationaloffices@tcu.edu)
subject line: Scholarship Photo

Your complete application package must be postmarked no later than April 30, 2023 of your senior year and mailed to the following address:

**Alpha Epsilon Delta
National Office
TCU Box 298810
Fort Worth, TX 76129**

Failure to include these items will invalidate your application.

Only two applications from each chapter will be accepted.

Eligibility for any scholarship is dependent on acceptance and attendance at a medical, dental or other health care related professional school. **Scholarship applicants will be notified of the results in Fall 2023.**

| Student Section | |
|--|---------------------------|
| First Name | Permanent Address |
| Middle Name | City |
| Last Name | State |
| Email | Zip Code |
| Birth Date (MM/YY) | Cell Number |
| Chapter/Institution Section | |
| Chapter (State, Greek) | Undergraduate Institution |
| AED National ID | Region |
| Dean of College/School | Chapter Advisor |
| Dean's Mailing Address | Advisor Mailing Address |
| Advisor Phone | Advisor Email |
| Academic Major | Degree |
| Overall GPA | Science (BCPM) GPA |
| Health Professional School you will be attending | |



Scholarship Form

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National Office
TCU Box 298810
Fort Worth, TX 76129**

Failure to include these items will invalidate your application.

More than one application will be accepted from each chapter.

Eligibility for any scholarship is dependent on acceptance and attendance at a medical, dental or other health care related professional school. **Scholarship applicants will be notified of the results in the Fall 2023.**

List below scholastic honors, awards, and recognitions you have received, i.e., scholarships, Dean's List, Honor Societies, since high school. 10 listings maximum

| | |
|-----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

List below extracurricular activities, i.e., student offices held, society membership and activities, athletic activities, since high school. 10 listings maximum. Do not repeat those listed in the previous section.

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| 10. | |



Alpha Epsilon Delta

The Health Preprofessional Honor Society

Scholarship Form

Provide a typed statement (minimum 10-point font size) of your college and premedical activities focusing on AED contributions, including offices held, committee and convention participation. Note: Only the information provided in the space below will be considered!

| Signature Section |
|--|
| Student Signature |
| Advisor or Chapter President Signature |