



AMERICAN
ASSOCIATION FOR WOMEN
PODIATRISTS, INC.

FOUNDER'S SCHOLARSHIP APPLICATION

Deadline June 1, 2011 (must be RECEIVED by this date)

Up to 4 scholarships of \$500 are awarded.

Send this form and transcript to:

Dr. Erika Schwartz
909 Northwest Drive
Silver Spring, MD 20901

Applicant Information

Last _____ First _____ M.I. _____ Date: _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: () _____ E-mail Address: _____

Social Security No.: _____

Are you a member of the AAWP (REQUIRED)? YES NO Do you have a GPA > 3.0 (REQUIRED)? YES NO

Are you currently a 3rd year student (REQUIRED)? YES NO

Education

_____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Podiatry School: _____

From: _____ To: _____

Reference

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 for an AAWP Founder's Scholarship.