



**ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS
SCHOLARSHIP FOR EXCELLENCE NOMINATION FORM**

Date: _____

Name of ASAHP Representative at Member School:

ASAHP Institution: _____

Name of Nominee: _____

Nominee's Program: _____

Has the nominee successfully completed at least one term? Yes No

Expected Degree: _____ Expected Date: _____

Will nominee be at career entry upon completing program? Yes No

For Nominating Representative to Sign:

I certify that this is the only application to be considered for the Scholarship of Excellence from the above named Institution.

For Nominated Student to Sign:

I have given the institution permission to submit all necessary information for this application.

Nominated Student's Signature

A complete nomination packet due May 15 will include four copies of each of the following items:

- a. Completed "ASAHP Scholarship Nomination Form"
- b. A letter endorsed by the ASAHP Institutional Representative that supports the nomination and describes qualities of the candidate (see #6 under Qualifications).
- c. A nominee's current resumé.
- d. A one-page (not to exceed 200 words) typewritten essay from the nominee that addresses why she/he selected the health profession for which she/he is enrolled and what unique contributions she/he intends to make to the community's health.

**Association of Schools of Allied Health Professions
1730 M St. NW, Suite 500, Washington, DC 20036**