



THE CHALDEAN AMERICAN ASSOCIATION FOR HEALTH PROFESSIONALS (CAAHP) SCHOLARSHIP FUND

Educational Achievement Scholarship Application \$1,000

This scholarship is designed to recognize Chaldean students that have shown exemplary academic achievements with the award to be used toward their college or post-graduate education. This scholarship is targeted specifically towards students admitted to and/or enrolled in an academic discipline geared towards becoming a health professional (e.g. medical school, nursing school, pharmacy school, etc.). Funding for each scholarship is provided by CAAHP and generous members of the CAAHP and thus a limited number of recipients can be awarded.

Eligibility Requirements

The applicant must:

- be of Chaldean ancestry
- be in academic good standing as (1) a graduating high school senior, (2) a full time student enrolled at a 2 or 4-year institution, or (3) a current student at a postgraduate program
- demonstrate excellent academic credentials
- demonstrate community service and involvement (applicants with strong internship/work experience will be highly considered)
- complete the application in its entirety and submit a 500 word, double-spaced essay

If selected to receive the scholarship, the applicant must be available to attend the awards ceremony scheduled to be held on **December 14, 2024**.

Application Requirements:

Scholarship applications will be reviewed and awarded by the CAAHP Scholarship Committee after verification of student enrollment to the specified academic institution.

Instructions:

Fully complete and sign this application form.

1. Complete the essay question below. Make sure to include the essay with your application when emailing. Essay may be completed as a separate document. The essay must be a maximum of 500 words, double-spaced, 12 point font.

2. Request and submit an unofficial transcript from your school's Registrar to verify your good academic standing, cumulative grade point average and confirm that you are a full-time student taking the minimum number of hours as required by school.

3. Email this completed application and essay to information@caahp-usa.org

Application Deadline: October 1, 2024 (We will not accept any applications after this date)

Application:

Student Information

Full Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Date of Birth	
Email Address	
Graduation Year	

Gender

Male

Female

Legal Status

U.S. Citizen

U.S. Resident

Other (please specify):

Educational Information

Graduating High School Seniors

Name of high school: _____

Anticipated graduation date: _____

GPA: _____

Names of colleges you have applied to: _____

Names of colleges you have been accepted to: _____

Names of college you plan to attend: _____

Current College Students

High school attended: _____
High school graduation year: _____
High school GPA: _____
College name: _____
College major: _____
Anticipated graduation year: _____
Cumulative GPA: _____

Post-Graduate Students

High school attended: _____
High school graduation year: _____
High school GPA: _____
College attended: _____
College major: _____
College graduation year: _____
Name of institution currently attending: _____
Major/Degree Program: _____
Anticipated graduation year: _____
Cumulative GPA/Class Rank: _____

Interests

Briefly describe your academic interests, and what you would like to do upon receiving your degree.

Special Skills

Summarize special skills and qualifications you have acquired from participating in school activities, employment, previous volunteer/community service work, or through other activities, including hobbies or sports.

Chaldean Ancestry

Briefly describe your Chaldean ancestry.

Essay:

Please state your goals in community service/involvement and how you can advance these goals as a future health professional.

Essay may be completed on a separate word document. The essay must be a maximum of 500 words, double spaced, 12 point font.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a CAAHP Scholar, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate disqualification for the scholarship award.

Name	
Signature	
Date	