



BERRI MITCHELL MEMORIAL AAFA-KC COLLEGE SCHOLARSHIP APPLICATION

The Greater Kansas City Chapter of the Asthma & Allergy Foundation of America provides scholarships to area high school seniors who have a history of asthma and allergies, have succeeded academically, and have shown an interest in their school and community. Each scholarship will be in the amount of \$2,000.00 and will be sent to the college or university of their choice to help defray the cost of their education.

The scholarship is given in memory of Berri Mitchell, RN who spent her adult life teaching others to manage their asthma. Teens were her special love, she spent many hours counseling and teaching teens, so it is appropriate that the scholarships bear her name.

All high school seniors who will be attending college during the 2012/2013 school year are invited to apply.

The application should be completed by the student, guidance counselor, physician, and parents. **Two letters of support from teachers, an official transcript, and the student's personal letter must accompany the application.** Additional letters of support are welcome.

The completed application and transcript must be **postmarked** no later than **March 1, 2012**.

Applications should be sent to:

**AAFA, Greater Kansas City Chapter
400 E. Red Bridge Rd, Suite 214
Kansas City, MO 64131**

Winners will be notified by telephone in April 2011. At that time you will be invited to join us at our awards ceremony along with your friends and family, to read your letter and receive a certificate of award. You will also be asked to send a Senior Picture. All decisions by the judges are final. No material will be returned. All monetary awards will be submitted to your university on August 1, 2012.



Asthma and Allergy
Foundation of America®
GREATER KANSAS CITY CHAPTER

SCHOLARSHIP APPLICATION

Applicant: Please complete this section of the form.

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Date of Birth _____

Sex ___ M ___ F

High School _____

Address _____

Graduation date _____

Extracurricular clubs or student government participation:

Please describe any Community service/work experience including dates of completion:

Total Community Service Hours: _____ (Freshman through Senior year)

Honors or awards received:

In an accompanying letter, describe how your asthma or allergies have affected your life and how you have dealt with your asthma or allergies in school and in other aspects of your life. Please tell us about yourself and your goals in life. (no more than two pages)

Signature _____ Date _____

PHYSICIAN: Please complete this portion of the application and return to the applicant.

Does the student currently have asthma? _____yes _____no

If yes, what type of asthma?

Asthma Severity: (2007 Guidelines)

___ Intermittent ___ Mild ___ Moderate ___ Severe ___ Other _____

Does the student currently have allergies? _____yes _____no

If yes, what type of allergies?

___ Seasonal ___ Food ___ Other _____

Allergy Severity:

___ Mild ___ Moderate ___ Severe (Anaphylactic)

Describe the frequency and severity of the student's asthma/allergies:

List the current medication usage for asthma/allergies:

Drug	Dose	Frequency
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Office phone () _____

Signature _____

Please **print** name and office address:

Parent or Guardian:

Name _____

Address _____

City _____ State _____ Zip _____

If there is additional consideration on the basis of need, please attach details.

I understand that AAFA will publicize the winners of the scholarships and I will provide a senior picture.

(Parent or Guardian)