



## **BERRI MITCHELL MEMORIAL AAFA-KC COLLEGE SCHOLARSHIP APPLICATION**

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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 \$1,000.00 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 2009/2010 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 2, 2009**.

**Applications should be sent to:**

**AAFA, Greater Kansas City Chapter  
9140 Ward Parkway, Suite 120  
Kansas City, MO 64114**

Winners will be notified by telephone by April 15, 2009. At that time you will be invited to join us at our awards ceremony along with your 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.



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:

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Community service/work experience, including any honors or awards received:

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**In an accompanying letter, describe how your asthma has affected your life and how you have dealt with your asthma 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?

\_\_\_\_\_Seasonal \_\_\_\_\_Intermittent \_\_\_\_\_Chronic  
\_\_\_\_\_Exercise induced \_\_\_\_\_Infection induced \_\_\_\_\_Other \_\_\_\_\_

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

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List the current medication usage for asthma:

Drug	Dose	Frequency
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Office phone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Please **print** name and office address:

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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..

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**(Parent or Guardian)**