



# VAHPAG FOUNDATION SCHOLARSHIP APPLICATION

*"Fostering Future Vietnamese American Healthcare Professionals"*

The Vietnamese American Healthcare Professionals Association of Georgia (VAHPAG) has established scholarships valued at \$1000 each for applicable Vietnamese American students of an accredited medical, dental, pharmacy and/or allied health school with the following objectives:

1. To provide financial support for students pursuing a healthcare track
2. To encourage involvement from students and professionals in the Vietnamese community in Georgia
3. To promote academic achievement
4. To encourage participation and leadership in the VAHPAG organization

## QUALIFICATIONS

1. Must be admitted or is currently attending an accredited healthcare professional school in the United States.
2. Demonstrate a strong interest in serving the Vietnamese communities in Georgia after the completion of your professional training.
3. Must be of Vietnamese descent.
4. Must be a resident of Georgia.
5. VAHPAG executives, board of directors and/or committee members, will be disqualified from the voting and application review process if a family and/or relative is a candidate for the scholarship.

## REQUIRED DOCUMENTATIONS

1. VAHPAG Scholarship application form
2. Letter of acceptance + an official undergraduate transcript for incoming professional year one
3. Official professional school transcript
4. Copy of your driver's license/Government ID as proof of residence.
5. Resume/CV listing your previous and current extracurricular activities or community involvement relevant to your application
6. A letter of recommendation
7. **Personal Expression Piece** – express the reason why you want to serve the Vietnamese communities in Georgia; how would you improve the health and wellness in this community; and what is your future plan for the community. *Please choose **one** of the following method*
  - a. 1 page essay
  - b. Freeform *i.e* Create a Video Presentation *limited to*  $\leq$  5 minutes – please send URL

## DEADLINE

1. Completed application must be submitted by **July 15**.
2. Please email completed application to:

TO: [thao.t.nguyen@temple.edu](mailto:thao.t.nguyen@temple.edu)

CC: [vahpag@gmail.com](mailto:vahpag@gmail.com)

# VAHPAG SCHOLARSHIP APPLICATION

Application ID: \_\_\_\_\_

## PART 1: STUDENT DEMOGRAPHICS

<b>Name</b>			
<b>Address</b>			
<b>Phone</b>		<b>DOB</b>	
<b>Email</b>			

<b>Yes</b>	<b>No</b>	Are you a U.S Citizen or Permanent Resident
<b>Video URL</b>		

## PART 2: SCHOOL INFORMATION

<b>School</b>	
<b>Address</b>	
<b>Professional Track</b>	
<b>Professional Year</b>	

## ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOWN ALL PERSONS BY THESE PRESENTS:

THAT I, \_\_\_\_\_, do hereby give the Vietnamese American Healthcare Professional Association of Georgia (VAHPAG) full rights to publish my name, where I live (city and state only; actual addresses and phone numbers will not be disclosed), college I am attending, any photographs that I have provided, and college update information.

I understand that by execution of this Agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by VAHPAG in its print or electronic correspondence, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.)

I understand that this Agreement in no way obligates VAHPAG to publish or use the above- described information.

EXECUTED this date of \_\_\_\_\_.

By: \_\_\_\_\_  
Print Name Signature