CIIC Consortium of Independent Immunology Clinics, LLC

2023-2024 PATIENT SCHOLARSHIP APPLICATION

WHO WE ARE

The CIIC is a professional medical organization represented by a group of select Board Certified Allergists and Immunologists in private practice throughout the USA. We provide affordable and high-quality care for patients with Primary Immune Deficiency Disorders (PIDD), allergies, asthma, and other rare diseases requiring immune therapies. We support procurement negotiations, promote access to treatment, serve as advocates for patients and physicians who care for allergy, asthma, and immunology patients, and participate in research that benefits patient care.

WHAT WE DO

The CIIC created its Annual Patient Scholarship in 2021 specifically for PIDD and rare disease patients undergoing treatment by one of our member physicians. As a network of Board-Certified Allergists and Immunologists, the CIIC understands the profound impact that its patient's diagnosis can have on their quality of life. We wanted the opportunity to recognize the perseverance of our patients and acknowledge their determination to overcome the challenges their condition has presented, which has led us to create this scholarship.

APPLICATION INSTRUCTIONS

- This is a one time scholarship in the amount of $5,000
- Please complete the application in the spaces provided
- Attach your resume with your application submission (include jobs, volunteer work, academic achievements, extracurricular activities)
- Return your completed application to your Physician and Clinical Staff
- Your Physician will then submit your application along with their recommendation to the CIIC
- Any questions can be directed to the **CIIC Operations Manager, Kandyce Parker**, at kandyce.parker@ciiclinics.org

Deadline March 22nd 2024

DISCLAIMER

Obviously, there will be medical and other personal information in your application responses and your essays. Members of our committee will read the information that you submit. Some of the people working with the CIIC and handling the applications will also see the information in the course of their work.

If you are the scholarship winner, we may publish the fact that you are the winner, the city where you live and the school you attend, the nature of the scholarship and the nature of the medical challenge that you have faced. We may also seek to publish more detailed information from your application or some or all of the essay text that you provide if we believe the information or your words will be particularly inspiring to other patients. In that instance, we will ask you for further permission for us to do so.

We will otherwise use reasonable care to keep your application, and its contents, confidential.

By submitting this application, you agree to the use and limited publication of your information as described above. We thank you for your application.

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DEMOGRAPHICS:

APPLICANT NAME: _____ AGE: _____

CITY, STATE, ZIP OF CURRENT RESIDENCE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PARENT/GUARDIAN:

NAME: _____ CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PARENT/GUARDIAN:

NAME: _____ CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

EDUCATION:

SCHOOL NAME: _____

CITY, STATE, ZIP: _____ YEARS OF ATTENDANCE: _____

ANTICIPATED GRADUATION DATE: _____ GPA ON A 4.0 SCALE: _____

TELL US ABOUT YOURSELF:

HAVE YOU RECEIVED ANY AWARDS OR RECOGNITION AT YOUR CURRENT SCHOOL: _____

_____

_____

ARE YOU INVOLVED IN ANY EXTRACURRICULAR ACTIVITIES OR VOLUNTEER GROUPS: _____

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_____

WHAT THREE WORDS WOULD YOU USE TO DESCRIBE YOURSELF: _____

_____

WHAT DOCTOR INFORMED YOU OF THIS SCHOLARSHIP OPPORTUNITY: _____

WHAT DIAGNOSIS HAVE YOU RECEIVED AND AT WHAT AGE: _____

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CONTINUING YOUR EDUCATION

WHAT COLLEGE/CONTINUING EDUCATION DO YOU PLAN TO ATTEND: _____

_____

WHY DID YOU CHOOSE THIS SCHOOL: _____

_____

WHAT ARE YOU PLANNING TO STUDY : _____

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WHY HAVE YOU CHOSEN THIS AREA OF STUDY FOR YOURSELF: _____

_____

_____

ASIDE FROM YOUR DEGREE OR CERTIFICATION, WHAT DO YOU HOPE TO GAIN FROM YOUR EDUCATIONAL EXPERIENCE: _____

_____

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ESSAY QUESTIONS:

TELL US WHY WE SHOULD SELECT YOU AS THIS YEAR'S RECIPIENT FOR THE CIIC ANNUAL PATIENT SCHOLARSHIP: _____

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DESCRIBE WHAT YOU HAVE DONE IN YOUR COMMUNITY / SCHOOL TO HELP SPREAD AWARENESS ABOUT YOUR DISEASE:

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ESSAY QUESTIONS:

TELL US HOW YOUR MEDICAL DIAGNOSIS HAS IMPACTED YOUR LIFE, AND HOW YOU HAVE OVERCOME THOSE CHALLENGES: