

Alpha Epsilon Delta
The Ohio Kappa Chapter at Xavier University
2008 Application

Part I—Personal Information

Name:

Local Address:

Local Phone Number:

Permanent Address:

Permanent Phone Number:

Email Address:

Class: (Sophomore, Junior, Senior)

Cumulative GPA (do not round—available at Student On-line Services):

Science GPA (must be 3.2 or higher):

Social Security Number:

Part II—Activities

Leadership

Activity	Description	Hours Per Month	Duration (Months)

Service

Activity	Description	Hours Per Month	Duration (Months)

Work Experience

Activity	Description	Hours Per Month	Duration (Months)

Miscellaneous (Sports, Extracurricular, etc.)

Activity	Description	Hours Per Month	Duration (Months)

Honors and Awards

Activity	Description	Hours Per Month	Duration (Months)

Part III—Description of Yourself (Attach separate sheets.)

- 1.) Please briefly describe (less than 350 words) your career goal or area of health care that interests you (nursing, research, physician, etc.).

- 2.) Choose one of the following (less than 750 words):
 - Describe a difficult situation you encountered and how you resolved the problem (academic, personal, etc.)
 - Write about a source of inspiration (quote, poem, song, person, place, etc.)
 - When did you realize health care was the field for you?
 - What would you like us to know about you?
 - Describe the importance of community service to you.

Part IV – Official Signature and Verification

I verify that I have fulfilled all Alpha Epsilon Delta national and chapter membership requirements, most especially the overall and science (BCPM) GPA of a 3.20 or higher. By signing this form I am authorizing the release of my GPA information to the AED Ohio Kappa chapter officers and the Chapter Advisor.

Applicant Signature

Date