American Association of Physicians of Indian Origin (Arkansas)

Dr. A.P.J. Abdul Kalam Scholarship Application

The AAPI represents the interests of 100,000 physicians of Indian origin in the USA and is one of the largest professional medical societies in the USA. Arkansas chapter of AAPI recognizes students for their academic excellence and service to the local and/or global community.

Information:

1. Applicant must be a junior with a cumulative **GPA of 3.8** or better.

2. An official transcript must be attached. Each student can apply only in one category of scholarship.

3. Applicant must write an essay between 400-600 words on the topic- **"Do you see the availability of Artificial Intelligence as a help or hindrance in furthering students' education and learning?"**

4. List ALL the **volunteer/community service activities, leadership activities, and awards & honors secured** in the table format. Example of the table to be used is provided. **Please make separate table for each activity as provided in the application.**

5. At least two letters of recommendation from a teacher, counselor, or school official documenting your community service, leadership skills, and awards & honors secured must be attached.

6. A scholarship in the amount of $ 500.00 will be awarded if selected for the scholarship

7. The application will also be considered for the special scholarship awards.

8. **PLEASE PRINT EMAIL ADDRESS CLEARLY AND INCLUDE YOUR SCHOOL COUNSELORS EMAIL WITH YOUR SUBMISSION.**

9. **APPLICATIONS THAT DO NOT FULFILL ALL OF THE ABOVE CRITERIA OR ARE SUBMITTED AFTER THE APPLICATION DEADLINE WILL NOT BE CONSIDERED.**

***Please note that a member of scholarship committee will contact you if they have further questions. ***

Deadline for submission is August 31st, 2026, 7 pm CST. Winners will be notified by September 15th, 2026.

Scholarship winners will be awarded at the AAPI event either virtually or at a live event (date TBD)

Please Email the completed application to: Scholarship@aapiarkansas.org

Or

Mail the application to

AAPI Arkansas

P.O. Box 22008

Little Rock, AR 72221

Personal Information:

Last Name: _____ First Name:

Address:

_____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address (school): _____

Email Address (personal):_____

Parent Information:

Name: _____

Telephone Number: _____

Email Address: _____

Educational Information:

High School:

_____

City: _____ State: _____

School Counsellor's name: _____

School Counsellor's email address: _____

School Counsellor's phone number: _____

Principal's name: _____

GPA: _____

Applicant Signature: _____

Date: _____

Table format to be used to list volunteer activity/ community service and leadership activity.

Please create additional tables if necessary to list all the activities that you have participated in.

Volunteer/Community Service	Name of the Organization	Hours devoted to each activity	Your Role

Leadership activity	Name of the Organization	Hours devoted to each activity	Your Role

Award / Achievement / Honors	Name of the Organization	Event: position secured	Date / Year