



**APPNA**  
Association of Physicians of  
Pakistani Descent of North America

**Dear Dr. ----- President of .....Alumni,**

**November 30<sup>th</sup>, 2024**

Thanks for being part of the APPNA scholarship endowment fund. Here is your portion of the annual distribution based on your Alumni pro rata share.

Please remember that it's a restricted fund to be used only to meet the needs (annual tuition fee plus a portion of minimal personal expenses) of carefully selected financially needy students based on pre-selected financial criteria and minimum academic results (must have passing grades).

The APPNA office must have the names of the recipients (list will be kept confidential) along with the financial criteria used by your Alumni. This information is needed for record keeping and to be used in case of an APPNA financial audit. Any Alumni who do not provide this information in a timely fashion will not be eligible for any further distribution check until they are in full compliance. Please remember that you can increase the annual distribution by collecting additional fresh money from your alumni members and depositing it in the APPNA Scholarship Endowment Fund.

Thanks again for being part of this project to help the financially needy students of your Alma Mater.

With Gratitude:

Chair of Scholarship Committee:

Co-Chair:

Advisor:

Members:

---