





## Breast Cancer Help, Inc. College Scholarship Program 2009-2010 Application

Name:		
Last	First	Middle
Home Address:		
No. Street	City	State    Zip
Home Phone:	Cell Phone:	U.S. Citizen: Y or N
Birth date:	M or F	E-mail:
High School:	Guidance Counselor:	
Counselor's signature:	Counselor's Phone:	
Name of Parent/Guardian/Self with breast cancer:		M or F
Physician's name:	Phone:	





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### **Essay**

Include a personal essay between 500 to 1,000 words on how breast cancer has affected your outlook on life and how that might influence you moving forward toward your goals.

Essays must be typed, double spaced and in English.

### **Letters of Recommendation**

Two letters of recommendation are required. One from a current academic teacher and one from someone you know (NOT a relative) referencing your personal qualities. Letters must be in a sealed envelope with the writers signature across the seal.

### **Acceptance Letter**

Include a copy of the acceptance letter to the college/university/vocational school you will be attending.

### **Physician's letter**

A letter on the treating physician's letterhead verifying the diagnosis of breast cancer for your parent/legal guardian/self.

### **Signatures**

I agree and consent to the use of my name, likeness and/or personal story if I am chosen as a winner of the Breast Cancer Help, Inc. Scholarship. I understand that I will not be provided with any compensation for this use, and that my name, likeness and/or personal story may be used, at the discretion of the organization in print, television, radio, or electronic media.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date