



## ***Breast Cancer Help, Inc. College Scholarship Program 2010-2011 Application Guidelines and Instructions***

***Purpose: The purpose of the Breast Cancer Help, Inc. College Scholarship Program is to assist students, who have had a parent, legal guardian or have been themselves, diagnosed with breast cancer, pursue their educational goals. It is designed to provide a one-time award of \$1,000. The scholarship is NOT need-based. Criteria for consideration includes community involvement and personal commitment and is solely the decision of the Scholarship Committee of Breast Cancer Help, Inc.***

***Eligibility:***

- \*Have had a parent, legal guardian or themselves diagnosed with breast cancer.***
- \*You must be a high school senior who will graduate by June 2011.***
- \*A resident of Bay Shore, Islip, Brentwood, Deer Park, North Babylon, Babylon, West Babylon or West Islip, NY***
- \*Have been accepted to and plan to attend a two or four year college or university or accredited vocational school upon graduation.***
- \*Be a U.S. citizen or permanent resident of the U.S.***

***The applicant is responsible for insuring that all items listed below are submitted as one package and postmarked by April 20, 2011.***

- 1) Completed application***
- 2) Personal essay***
- 3) Two letters of recommendation***
- 4) Acceptance letter from college/university/vocational school***
- 5) Physician's letter supporting a cancer diagnosis (medical information will be kept confidential and will only be utilized to qualify consideration for the scholarship)***

***Mail to:*** Scholarship Committee  
Breast Cancer Help, Inc.  
32 Park Avenue  
Bay Shore, NY 11706



***Breast Cancer Help, Inc. College Scholarship Program  
2010-2011 Application***

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





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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*