



BABYLON BREAST CANCER COALITION SCHOLARSHIP

The Babylon Breast Cancer Coalition has established a Scholarship to be awarded to a graduating senior whose parent or legal guardian has been diagnosed with breast cancer and/or any female reproductive cancer or has passed away from the disease. **APPLICANT MUST HAVE LEGAL RESIDENCE WITHIN THE TOWNSHIP OF BABYLON.**

The recipient of the award will be selected without regard to sex, race, religion, creed or nation of birth by a committee, which may include guidance counselors and/or faculty members from your school.

Applicants are directed to submit a scholarship application and to follow the instructions noted below:

TO THE APPLICANT:

Since only complete answers to the questions will enable us to choose fairly, replies should be frank and accurate. The Scholarship Committee will keep all information in the strictest confidence.

Please follow the directions listed below to complete your application:

1. An essay (between 400 and 600 words double-spaced) entitled, ***How Cancer Has Affected My Life***. This portion of the application will count significantly towards the committee's consideration.
2. Complete pages on educational plans, personal information, activities and achievements.
3. The name and telephone number of the doctor or medical group that was used by your parent/legal guardian during their cancer treatment. Please have parent/guardian sign information release form to confirm diagnosis.
4. Proof of acceptance (copy of acceptance letter) and attendance to college or vocational school, (copy of cancelled deposit check or confirmation of deposit from the college or school).
5. One letter of recommendation from a teacher or guidance counselor.
6. The completed application must be returned to your Guidance Chairman no later than **April 15**

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. Please feel free to call with any questions 631.893.4110 or visit our website.



BABYLON BREAST CANCER COALITION SCHOLARSHIP APPLICATION

Applicant Name: _____

Address: _____

Telephone No.: _____ E-mail address: _____

High School: _____ Guidance Counselor: _____

Accepted to: () 4 Year College () Community or Jr. College () Technical/Trade School
() Other

Career Goals or Vocational Plans:

College/School: _____ Location _____

Number of years _____ Program Planned _____

() Accepted () Not Yet Notified

COMMUNITY ACTIVITIES AND ACHIEVEMENTS

Please list activities, voluntary and/or community service rendered and awards received:

9th Grade:

10th Grade:

11th Grade:

12th Grade:

Name of parent/guardian diagnosed with breast cancer: _____

Name of parent/guardian's physician/medical group: _____

Telephone number: _____

I hereby give permission to the Babylon Breast Cancer Coalition to release information regarding the diagnosis of _____(patient's name).

AFFIDAVIT

I, the undersigned, hereby certify that all statements made in this scholarship application are true to the best of my knowledge.

Signature of Applicant_____

Signature of Parent/Guardian_____

Date_____