

Application Date: \_\_\_\_\_

## Bosom Buddies Scholarship **SURVIVOR** Application

**Eligibility Requirements:** Student must:

- Be a breast cancer survivor
- Be a full-time resident of Montrose, Ouray or San Miguel counties
- Be enrolled in an institute of education (High School diploma program, GED program, Vocational, Community College, University or Accredited On-line Program)

**Please Print**

**Applicant's Full Legal Name:** \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of breast cancer diagnosis: \_\_\_\_\_

**Educational institution you will be attending:**

\_\_\_\_\_

Location (city, state and zip code): \_\_\_\_\_

Cost of tuition for enrolled course work: \_\_\_\_\_

In 50 words or less explain why you are enrolling in school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Information:**

Number in household: \_\_\_\_\_

Your occupation: \_\_\_\_\_ Spouse occupation: \_\_\_\_\_

Family Income (circle one):    \$0-10,000       \$10,000-20,000       \$20,000-30,000       \$30,000-40,000  
   \$40,000-50,000       \$50,000-100,000       \$100,000– over

**Attachments:**

- Photocopy of driver's license with current address

**Application and attachment must be submitted**  
**a minimum of 60 days prior to beginning of course start date.**

**Mail application and attachment to:    or    E-mail application to:**

Bosom Buddies

c/o Scholarship Committee

PO Box 1263

Montrose, CO 81402

Bosom Buddies

gkcd2@yahoo.com