

Application Date: _____

Bosom Buddies Scholarship INITIAL Application

Eligibility Requirements: Student must:

- Have a parent/guardian diagnosed with breast cancer
- Have a minimum of a 2.0 high school GPA
- Be an upcoming graduate of a high school in Montrose, Ouray, or San Miguel Counties
- Be enrolled in an institute of higher education (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: _____

Name of parent diagnosed with breast cancer: _____

Date of diagnosis: _____

Education:

High School Attended: _____ Date of graduation: _____

Post secondary institution to which you have been accepted: _____

Location (city, state and zip code): _____

Planned Major: _____ Career Goal: _____

Financial Information:

Number in household: _____

Parent(s) occupation:

Father: _____

Mother: _____

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

If you are an independent student, no longer receiving assistance from your parents, please complete the following:

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:

- High School Transcript
- Current Resume (include work experience, community involvement and extra-curricular activities)

I hereby certify that the above information is true and accurate.

Signature of Applicant

Date

Only applications postmarked or e-mailed by April 15th of the current year will be considered.

Mail or e-mail application and attachments to:

Bosom Buddies
c/o Scholarship Committee
PO Box 1263
Montrose, CO 81402

Bosom Buddies
gkcd2@yahoo.com

Scholarship recipients will be notified by May 15th of current year.