Number in household:	Application Date:	Bosom Buddies Scholarship RENEWAL Application
Have a parent/guardian diagnosed with breast cancer Have a minimum of a 2.0 post secondary GPA Be a previous recipient of a Boson Buddies scholarship Be enrolled in an institute of higher education (Vocational, Community College, University or Accredited On-line Program)    Please Print	Fligibility Requirements: Student m	ust:
Have a minimum of a 2.0 post secondary GPA  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies scholarship  Be a previous recipient of a Bosom Buddies		
Be a previous recipient of a Bosom Buddies scholarship 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)  Fimal Address:  Phone:  Date of graduation:  Righ School Attended:  Post secondary institution you are attending:  Planned Major:  Career Goal:  Planned Major:  Career Goal:  Financial Information:  Number in household:  Farther:  Family Income (circle one):  Sounded (circle one):  Sound		
Be enrolled in an institute of higher education (Vocational, Community College, University or Accredited On-line Program)    Please Print	·	•
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Applicant's Full Legal Name:  Residence Address:  Mailing Address (if different from above)  Finall Address:  Phone:  Name of parent diagnosed with breast cancer:  Date of diagnosis:  Caducation:  Ising School Attended:  Planned Major:  Career Goal:  Career Goal:  Career Goal:  Career Goal:  Career (Soal:  Career (Soal:  Career (Soal:  Career (Soal:  Carear (Soal:		igher education (vocational, community conege, oniversity of Accreated
Residence Address:	on line Programy	Please Print
Residence Address:	Applicant's Full Legal Name:	
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Address:	Mailing Address (if different from ab-	ove)
Name of parent diagnosed with breast cancer: Date of diagnosis:    Course of diagnosis:   C		Phone:
Date of diagnosis:    Education:		
Education:		
Post secondary institution you are attending:    Career Goal:	Date of diagnosis:	
Post secondary institution you are attending:    Career Goal:	Education:	
Post secondary institution you are attending:    Cocation (city, state and zip code):		Date of graduation:
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Planned Major: Career Goal:	Location (city, state and zip code):	
Financial Information: Number in household: Parent(s) occupation: Father: 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: Family Income (circle one): 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    hereby certify that the above information is true and accurate.    Signature of Applicant		
Number in household: Parent(s) occupation: Father:		
Parent(s) occupation: Father: Father: 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: 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  Thereby certify that the above information is true and accurate.  Signature of Applicant  Most Recent School Transcript Signed Application Form  Only applications postmarked or e-mailed by April 15th of current year will be considered.  Mail or e-mail application and attachments to: Bosom Buddies Bosom Buddies		
Father: Mother:		
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Bosom Buddies Bosom Buddies	Mail or e-mail application and attack	aments to:
c/o Scholarship Committee gkcd2@vahoo.com	c/o Scholarship Committee	gkcd2@yahoo.com

PO Box 1263

Montrose, CO 81402

Scholarship recipients will be notified by May  ${\bf 15}^{\rm th}$  of current year.