

Application Date: _____

Bosom Buddies Scholarship RENEWAL Application

Eligibility Requirements: Student must:

- Have a parent/guardian diagnosed with breast cancer
- Have a minimum of a 2.0 post secondary GPA
- 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) _____

Email Address: _____ Phone: _____

Name of parent diagnosed with breast cancer: _____

Date of diagnosis: _____

Education:

High School Attended: _____ Date of graduation: _____

Post secondary institution you are attending: _____

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	

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

Signature of Applicant

Date

Attachments:

- 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
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.