

# Bosom Buddies Scholarship INITIAL Application

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

**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: \_\_\_\_\_

**Attachments:**

- This application form
- 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  
Subject: BB Scholarship

*If awarded this scholarship I agree that Bosom Buddies may use my name and photo for public relations and social media purposes.*

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

**Sign & Print Application**

Revised 4-18-2025