

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