

The Living Breath Foundation Scholarship Application

Program overview and application instructions:

Award Details: Grants range from \$1000 to \$5000 and are made directly to recipient to assist in covering any of the following; tuition, books or the extra expenses of going to school while having Cystic Fibrosis, which can include: private rooms, rooms with running water, bathrooms, food and parking.

Eligibility Criteria: The Living Breath Foundation is open to individuals with Cystic Fibrosis who are graduating from high school or continuing their higher education at a 2 year, 4 year or trade school, are currently living in California or Arizona, and are a US citizen.

Selection Criteria: In selecting the applicant the committee will take into consideration each applicant's scholastic record, leadership, community service and financial need.

Application Deadline & Award Date: Applications must be postmarked by May 1st and notifications of award status will be mailed no later than June 1st.

Application instructions: Please read these instructions carefully. If you have any questions, please e-mail the Living Breath Foundation at:
LivingBreathFoundation@gmail.com

1. Complete this application if you are a current in-going undergraduate student, or post grad student.
2. Complete the entire application form and submit all the requested additional information. If there are items that are not relevant to you please write N/A.
3. Please do not staple any of the pages of the data to the form or additional information together.
4. Mail completed application to the address below before April 1st. Incomplete or late applications cannot be considered.

The Living Breath Foundation
2031 Marsala Cir.
Monterey, CA 93940

The Living Breath Foundation Scholarship Application

Candidate information

Name: Last _____ First _____

Gender: M__ F__ Single__ Married__

Date of Birth _____ Social Security No _____

Street Address: _____

City, State, Zip: _____

Phone () _____

E-mail address: _____

High School Name and Location: _____

High School Cumulative GPA: _____

Date of Graduation: _____

College/University Name and Location: _____

Current Academic Status (freshman, sophomore, junior, senior) _____

Major _____

College or University GPA _____

Students Gross Income _____

Have you ever been convicted of a crime? (circle one) Yes No (If yes explain on a separate page).

Have you applied for a Living Breath scholarship before? (circle one) Yes No

Did you receive one? (circle one) Yes No Date if yes _____

The Living Breath Foundation Scholarship Application

Family Information

Father's Name: _____

Highest degree (High School, Bachelors, Masters, Doctorate): _____

Father's Gross Income _____

Mother's Name: _____

Highest degree (High School, Bachelors, Masters, Doctorate): _____

Mother's Gross Income _____

Number of siblings: _____

Ages of Siblings _____

(If applicable)

Spouse's Name _____

Spouse's Gross Income _____ Dependent Children # _____

The Living Breath Foundation Scholarship Application

Community Involvement

On a separate piece of paper please list past or current community involvement: (include dates/offices held):

Extracurricular activities and interests: On a separate piece of paper please list (Include dates and any leadership roles)

Essay Question

1. Please tell us how continuing your education will benefit you future.
2. Please provide any additional information you want the committee to consider in evaluating your application.

Additional Information: *(Required to complete your application.)*

1. A copy of annual tuition and fees for your college / university.
2. A detailed list of all sources of financial aid / support already awarded *(e.g. scholarships, grants work / study contributions from family, etc.)*
3. A photocopy of the most recent Student Aid Report (SAR), the Department of Educations response to your Free Application for Federal Student Aid (FAFSA).
4. A letter of recommendation from a member of the community. *(e.g. teacher, employer, pastor, etc.)*
5. A letter from your doctor confirming a diagnosis of Cystic Fibrosis.
6. Incoming freshmen: An official high school transcript and a copy of acceptance letter or confirmation of enrollment from your college / university.
7. For current college / university students – an official college / university transcript and confirmation of enrollment from your college / university.

The Living Breath Foundation Scholarship Application

Consent to review financial information

(complete this section if you are providing the financial information of anyone other than you.)

I give permission to the Living Breath Foundation Scholarship Committee to view the information on this form and submitted with this application.

Parent's signature: _____ Date _____

Parent's signature: _____ Date _____

Spouse's signature: _____ Date _____

***All financial information will be kept strictly confidential.**

Application Certification

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information or omission will be cause for the invalidation of any grant offered to me. The Living Breath Foundation may verify any and all parts of my application materials. If they award me a scholarship, I give my permission to publicize my name. I also understand that it will be necessary to provide my Social Security number to the Living Breath Foundation if I am selected as a recipient.

Applicant's Name: (print) _____

Applicant's signature: _____

Date: _____

Social Security number _____

The Living Breath Foundation Scholarship Application

Application Requirements Checklist

- ___ Complete, signed application.
- ___ Essay quest response.
- ___ A detailed list of annual tuition and fees for your college/university.
- ___ A detailed list of all sources of financial aid/support already awarded. (*e.g. scholarships, grants, work/study contributions from family, etc.*)
- ___ A photocopy of most recent SAR Report, the Department of Education's response to your Free Application for Federal Student Aid (FAFSA).
- ___ A letter of recommendation.
- ___ A letter from your doctor confirming a diagnosis of Cystic Fibrosis.
- ___ *For incoming freshmen:* An official transcript from you high school and an acceptance letter or confirmation of enrollment from you college / university.
- ___ *For current college students:* An official transcript from your college or university.