SCHOLARSHIP APPLICATION RICHLAND PINK PARTY FOR A CURE

Richland Pink Party for a Cure

Richland Pink Party for a Cure is a 501(c)3 non-profit corporation formed solely for charitable purposes. The specific purpose of the organization is to raise money and provide financial assistance to low income and special needs breast cancer patients in Southeast Iowa.

<u>Eligibility</u>

- Applicants must have a permanent address in Jefferson, Keokuk, Mahaska, Wapello or Washington counties.
- 2. Applicants must be pursuing a degree in a medical field.
- 3. Any age can apply.
- Applicants will be asked to describe how breast cancer has impacted or affected their lives.
- 5. The first page of the application will be the only page in which the applicants name and ID# will appear together. This page will be removed when applications are being reviewed. Please do not mention any other names in the body of the application as they are reviewed blindly by an independent committee.
- 6. Applicants who are high school students must have a parent sign the application.
- 7. Applications can be returned to:
 - a. Richland Pink Party for a Cure, PO Box 82, Richland, Iowa 52585;
 - b. Or email: richlandpinkparty@gmail.com
- 8. Applications must be emailed or postmarked by June 1, 2023.

SCHOLARSHIP APPLICATION

Application for Year Ending May 2023

COVER PAGE/APPLICANT INFORMATION: Please print or type

Name:				Male	Female
Last	First	Middle			
Permanent Address:					
S	treet		City	State	Zip
Telephone Number:		Email Address:			
Social Security Number:					
Name of Parent(s) or Gua	rdian(s):				
Address: (if different from	n above)				
		Street	City	State	Zip
Telephone Number:		Email Address:			

In signing this application, I am verifying all of the information on this application is true and complete to the best of my knowledge.

Applicant Signature

Date

Parent or Guardian Signature (if applicable)

Date



ID#

ID #

WORK/COMMUNITY/SCHOOL INVOLVEMENT:

Please describe work experience, volunteer experience, community involvement and school activities you have participated in.



ID#

COLLEGE INFORMATION:

Name of college or educational institution scholarship is being requested for:

Address:Street	City	State	Zip
Phone Number of Registrar:	Email if avail	able:	
Anticipated date of graduation from college: Mont	h:	Year:	
Anticipated Major or Field of Study:			
Please describe your plans in relation to your ca	nreer and education	al goals.	
Please tell us about yourself, your family and ar the committee to be aware of.	ny unusual circumst	ances you feel are in	nportant for
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ID#

Please describe how breast cancer has affected or impacted your life.
