

#### 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.

#### **Eligibility**

- 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, 2024.



11)#	
ID#	

# SCHOLARSHIP APPLICATION RICHLAND PINK PARTY FOR A CURE

Application for Year Ending May 2024

## COVER PAGE/APPLICANT INFORMATION: Please print or type

Name:				Male	Female
Last	First	Middle			
Permanent Address:					
S	Street	City	7	State	Zip
Telephone Number:	Email Address:				
Social Security Number:					
Name of Parent(s) or Gua	nrdian(s):				
Address: (if different fror	n above)				
		Street	City	State	Zip
Telephone Number:		Email Address:			
In signing this application complete to the best of m		ving all of the informo	ntion on this a	pplication is tri	ie and
Applican	t Signature		D	ate	
Parent or Guardian Signa	ture (if applic	able)	D	ate	



### WORK/COMMUNITY/SCHOOL INVOLVEMENT:

ID#	

### **COLLEGE INFORMATION:**

Name of college or educational institution scholarship		ed for:	
Address:			
Street	City	State	Zip
Phone Number of Registrar:	Email if avai	lable:	
Anticipated date of graduation from college: Month: _		Year:	
Anticipated Major or Field of Study:			
Please describe your plans in relation to your caree	r and education	nal goals.	
Please tell us about yourself, your family and any use the committee to be aware of.	nusual circums	tances you feel are im	portant for



	<b>ID</b> #
Please describe how breast cancer has affected or impacted your life.	

