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.

Eligibility

1. 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.
4. 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. k_hackert@yahoo.com ; or
    c. darcy@richlandpinkparty.org
8. Applications must be emailed or postmarked by June 1, 2021.

ID#

SCHOLARSHIP APPLICATION

RICHLAND PINK PARTY FOR A CURE

Application for Year Ending May 2021

COVER PAGE/APPLICANT INFORMATION: Please print or type

Name: _____ Male ____ Female ____
Last First Middle

Permanent Address: _____
Street City State Zip

Telephone Number: _____ Email Address: _____

Social Security Number: _____

Name of Parent(s) or Guardian(s): _____

Address: (if different from 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 #

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 available: _____

Anticipated date of graduation from college: Month: _____Year: _____

Anticipated Major or Field of Study: _____

Please describe your plans in relation to your career and educational goals.

_____

_____

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Please tell us about yourself, your family and any unusual circumstances you feel are important for the committee to be aware of.

_____

_____

_____

_____

_____

ID#

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