

**SING FOR LIFE BREAST CANCER FOUNDATION OF ARIZONA
SCHOLARSHIP FUNDAPPLICATION**

Sing for Life Breast Cancer Foundation of Arizona (SFLBCFA), Inc. is a non-profit Arizona organization. SFLBCFA will award at least one annual scholarship in the name of "The Soul Survivors" in the amount of \$1,000.00. The scholarship is designed to fulfill a personal educational need or project to assist cancer patients and their families.

General Information

DATE: _____

Name: _____
last first middle initial

Address: _____
street
_____ city state zip

Telephone: _____

Email: _____

Date of Birth: _____

Education:

_____ high school dates of attendance

_____ undergraduate* dates of attendance degree

_____ nursing or professional* dates of attendance degree

_____ other post-graduate* dates of attendance degree

*indicate dates of graduation, if not yet graduated

Honors and Awards (state year and nature of awards) attach additional sheets, if needed:

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School-Related Activities and Involvement (state year, organization, offices held):

Intended Use of Funds (indicate how the scholarship funds will be used):

Type-Written Essay:

Please submit a type-written essay (12 point, double-spaced, 1 page or more) describing your aspirations to help cancer patients and how this scholarship will help you achieve your specific goal. Please also indicate your particular area of interest in oncology.

Poem or Song:

Please submit a poem or song that expresses your feelings about helping and supporting others.

References:

Provide the names of two individuals who may serve as references. Indicate the nature in which you are associated with this individual (professor, employer, etc.) and provide a telephone number or email by which they can be reached.

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name	association	tel or email
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name	association	tel or email

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Statement of Applicant:

I hereby verify that the information provided in this application is accurate. I understand that the scholarship, if awarded to me, is for the purpose of tuition, continued education, books or specific equipment to fulfill a need or facilitate a project related to cancer. It is not to be used for rent, lodging, seminars, or costs associated with certification. If for any reason my plans for use of the scholarship funds changes, I will inform the Board of Directors in writing. At that time, the Board will have the right to review my application and revoke my scholarship, if it determines that the intended use for the funds does not comply with the intent of the scholarship.

In return for accepting the award, I will make myself available to SFLBCFA, and the The Soul Survivors for two public appearances during the year in which I have received the award. This may include major events such as fundraisers, CD release parties, or other public events sponsored by the foundation. One such event shall occur in the spring. At this time I will also submit a letter evaluating my progress during the course of the year, and present the award to the next year's recipient.

I understand that SFLBCFA. may publish my name and photograph if I am awarded this scholarship

applicant signature

date