



Breathe for Bea

<https://www.breatheforbea.org>

Breathe for Bea Foundation – 2019-2020 Academic Scholarship Application

Scholarship Program overview and application instructions

Eligibility Criteria:

- Academic scholarships are available to individuals diagnosed with Cystic Fibrosis, 25 and under, who are graduating from high school or continuing their higher education at a two-year, four-year or trade school.
- Graduating high school applicants must have attained a cumulative GPA of 2.5 or higher over the course of their four years; enrolled college student applicants must currently hold a cumulative GPA of 2.5.
- Applicants must be a legal citizen or permanent resident of the United States.
- Scholarships are for undergraduate study only.
- If selected as a recipient, the winner can re-apply / renew their scholarship in the school years to follow, up until a bachelor's degree or equivalent is earned. Renewal is contingent upon meeting all criteria outlined in the application and is not guaranteed.
- The Foundation will take into consideration each applicant's financial situation at the time that the application is received.

Awards:

- If selected as a recipient of a Breathe for Bea Scholarship, the student(s) will receive up to \$500 as a financial award. Exact amount will be communicated to the recipient(s) at the time of notification. As our Foundation grows, it is our hope to increase the maximum amount of assistance we can provide.
- Scholarships may be used towards tuition costs, housing, books, food expenses, or anything else directly related to attending school.
- Checks will be made payable, and mailed, directly to the institution of higher learning on behalf of the recipient(s) of the scholarship.

Application Instructions:

- If you'd like to apply for a Breathe for Bea Scholarship for the upcoming 2019-2020 school year, please fill out this application and either email the completed form – along with all supporting documents requested – to us at info@breatheforbea.org, or print it out and mail the completed application along with the additional documents to our physical address: **Breathe for Bea Foundation, 11 Richfield Circle, Carver, MA 02330.**

- Applications and all supporting materials must be received by no later than **April 15th, 2019** whether it be via our online form, email, or mail. The recipient(s) will be notified by **May 15th, 2019** at the latest.
- Please provide proof of residency and citizenship.
- Please provide a hard or digital copy of your college application.
- Please provide a copy of your acceptance letter or proof of enrollment for the upcoming fall semester to a college, university or trade school.
- Please provide a copy of your most recent transcript with your cumulative GPA.
- Please provide documentation from your college or university of annual tuition and fees such as housing, books, etc.
- Please provide official documentation from your doctor/clinic/treatment center confirming your CF diagnosis.
- Please provide a copy of your pay stub or most recent tax return, as well as a copy of your parent(s)/guardians(s) or spouse's (if applicable) pay stub(s) or most recent tax return(s).
- Please provide a detailed description describing how Cystic Fibrosis has impacted your life and the life of your family, and how a Breathe for Bea Scholarship would help you in your future
- Please provide any additional information you would like the Foundation to consider in evaluating your application, including any current or past community involvement, extracurricular activities and interests, etc.

Applicant Information

Date of Request: _____

Name: First: _____ Last: _____

Gender: _____

Age: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone #: _____

High School Name and Location (if an incoming freshman): _____

High School Cumulative GPA (if an incoming freshman): _____

Date of High School Graduation (if an incoming freshman): _____

College/University Name and Location (if already an existing student): _____

Current Academic Status (if already an existing college/university student – freshman, sophomore, junior or senior): _____

College/University Cumulative GPA (if already an existing student): _____

Applicant's Yearly Income: _____

Marital Status (married/single): _____

Spouse Name (if married): _____

Spouse's Yearly Income (if married): _____

Please include a copy of pay stub(s) or most recent income tax return(s)

Please provide the name of your primary care physician, hospital or treatment center:

Have you applied for a scholarship from the Breathe for Bea Foundation before? _____

Did you receive a scholarship award, and if so, when? _____

Are you currently receiving financial aid (such as FAFSA, loans, etc.), scholarships or grants from any other sources? If yes, please list:

How did you learn about the Breathe for Bea Foundation? _____

Supporting Application Materials

- Please provide proof of residency and citizenship.
 - Please provide a hard or digital copy of your college application.
 - Please provide a copy of your acceptance letter or proof of enrollment for the upcoming fall semester to a college, university or trade school.
 - Please provide a copy of your most recent transcript with your cumulative GPA.
 - Please provide documentation from your college or university of annual tuition and fees such as housing, books, etc.
 - Please provide official documentation from your doctor/clinic/treatment center confirming your CF diagnosis.
 - Please provide a copy of your pay stub or most recent tax return, as well as a copy of your parent(s)/guardians(s) or spouse's (if applicable) pay stub(s) or most recent tax return(s).
 - Please provide in the space below a detailed description describing how Cystic Fibrosis has impacted your life and the life of your family, and how a Breathe for Bea Scholarship would help you in your future.
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- Please provide in the space below any additional information you would like the Foundation to consider in evaluating your application, including any current or past community involvement, extracurricular activities and interests, etc.

Family information

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Yearly Income: _____

Phone Number or Email: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Yearly Income: _____

Phone Number or Email: _____

Please include a copy of pay stub(s) or most recent income tax return(s)

Are there any other children in the family? If yes, please list ages and whether or not they are also attending college, university or trade school:

Consent to Review Financial Information

I give permission to the Breathe for Bea Foundation to view the information on this application and the information in all submitted additional documents.

Applicant's Signature: _____ Date _____

Complete the below section if you are providing financial information for anyone other than yourself.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

(If applicable:)

Spouse's Signature: _____ Date: _____

All financial information will be kept strictly confidential

Application Certification

The Breathe for Bea Foundation is a non-profit organization committed to raising funds for individuals with Cystic Fibrosis, as well as families with a loved one with CF to care for. The number of scholarship applications received by the Foundation may exceed our resources. Consequently, the Foundation cannot guarantee that all applicants will receive an award from the Foundation. Scholarships are awarded on a case by case basis within the sole discretion of the Foundation. The application process has no exclusions as to race, ethnicity, gender, age, sexual orientation or family characteristics.

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 scholarship offered to me. I also agree that the Breathe for Bea Foundation may verify any and all parts of my application materials.

Applicant's Signature: _____ Date: _____

Parent Signature (if applicant is under the age of 18):

_____ Date: _____



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