



## The Long Island 2 Day Walk to Fight Breast Cancer Scholarship

### *Scholarship Guidelines:*

The Long Island 2 Day Walk to Fight Breast Cancer Scholarship, supported by the *Long Island 2-Day Walk to Fight Breast Cancer, Inc.*, was established to recognize the profound effect of breast cancer on a family. \$105,000 in scholarships has been awarded since 2005. The LI2Day Scholarship is designed to provide a one-time award of \$2,500 to a high school senior who **resides** with a parent or guardian who is a survivor of breast cancer or resided with a parent or guardian who was a victim of breast cancer. \$15,000 has been earmarked for six (6) scholarships in 2012. Please read all instructions carefully and make sure your application is complete. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.** Names of the Scholarship recipients will be posted on our website ([www.li2daywalk.org](http://www.li2daywalk.org)) after May 15, 2012.

The awarding of these scholarships will be based on an evaluation of the following criteria:

1. Content and completeness of Application, including school, community, and outside activities
2. Quality and content of Personal Statement
3. Letter of Recommendation
4. High School educational effort and definite plans for 2012

### **Please include the following check-list with your application:**

To be eligible for this scholarship, Applicant must be:

- A resident of Nassau or Suffolk County, New York,
- Enrolled in high school full-time,
- A graduating senior, and
- Have applied and received acceptance to either a two- or four-year College or University, and
- Reside** with a parent or guardian who is a survivor of breast cancer or resided with a parent or guardian who was a victim of breast cancer.

**THE APPLICANT IS RESPONSIBLE FOR INSURING THAT ALL ITEMS LISTED BELOW ARE SUBMITTED AS ONE (1) PACKAGE AND POSTMARKED BY APRIL 10, 2012.**

- Completed application and personal statement
- One (1) letter of recommendation
- Copy of official high school transcript
- Proof of acceptance in educational program for 2012-2013 academic year

These scholarships are **NOT** need-based and may be awarded to anyone who applies, based solely on the decision of the Scholarship Committee of the *Long Island Breast 2 Day Walk to Fight Breast Cancer, Inc.* Recipients, their parents or guardian, and a school representative will be invited to a scholarship awards brunch in May 2012 to receive their scholarship award. Recipients will also be required to submit a first semester transcript as proof of attendance at an institution for continuing education.

**No late or incomplete applications will be considered. Please return this application and check-list by April 10, 2012 to:**

**Long Island 2 Day Walk To Fight Breast Cancer**  
P.O. Box 506  
Nesconset, NY 11767  
Attention: Scholarship Program



No Ordinary Walk in the Park

www.li2daywalk.org

# APPLICATION

## The Long Island 2 Day Walk to Fight Breast Cancer Scholarship 2012-2013 High School Academic Year

(Application deadline: April 10, 2012)

Please print, fill out and mail to:

Long Island 2 Day Walk To Fight Breast Cancer

P.O. Box 506

Nesconset, NY 11767

Attention: Scholarship Program

Long Island 2 Day Walk To Fight Breast Cancer Scholarship, supported by the *Long Island 2 Day Walk To Fight Breast Cancer*, is designed to provide a one-time award of \$2,500 to a high school senior who resides with a parent or guardian who is a survivor of breast cancer or resided with a parent or guardian who was a victim of breast cancer. Applicant must be enrolled in high school full-time, be a graduating senior, and have applied and received acceptance to an institution for continuing education (either a two or four-year college or university, trade or vocational school).

### A) To be completed by applicant, please type or print clearly

Student's Name \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Name of parent/guardian with breast cancer \_\_\_\_\_

Relationship to student \_\_\_\_\_ ***This individual must reside/resided with the student.***

High School Name \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

High School Rank \_\_\_\_\_ out of \_\_\_\_\_ High School Average \_\_\_\_\_ SAT or ACT Composite \_\_\_\_\_

### Educational Plans

School/College/Program Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Do you plan to enroll: \_\_\_ Full-time \_\_\_ Part-time Tuition and fees: \$ \_\_\_\_\_

