



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. \$75,000 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 2010. Please read all instructions carefully and make sure your application is complete. **Only complete applications will be considered. Scholarship winners will be posted on our website (www.li2daywalk.org) after May 15, 2010.**

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 2010

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 15, 2010.

- Completed application and personal statement
- One (1) letter of recommendation
- Copy of official high school transcript
- Proof of acceptance in educational program for 2010-2011 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 on May 22, 2010. 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 15, 2010 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 2009-2010 High School Academic Year

(Application deadline: April 15, 2010)

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: \$ _____

