



## The LI2Day Walk Scholarship Guidelines:

The LI2DAY Scholarship, supported by the LI2Day Walk, was established to recognize the profound effect of breast cancer on a family. OVER \$200,000 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 is a survivor of breast cancer and/or other women's cancer, or resides with a parent or guardian who is a survivor of breast cancer and/or other women's cancer or resided with a parent or guardian who has passed from breast cancer and/or other women's cancer. \$12,500 has been earmarked for five (5) scholarships in 2018. 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, 2018.**

**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 (this criteria is very important) (One page or less)
3. Letter of Recommendation
4. High School educational effort and definite plans for 2018 – 2019 Academic Year

**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
- A survivor of breast cancer and/or other women's cancer or **reside** with a parent or guardian who is a survivor of breast cancer and/or other women's cancer, or resided with a parent or guardian who passed from breast cancer and/or other women's cancer.

**THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT ALL ITEMS LISTED BELOW ARE SUBMITTED AS ONE (1) PACKAGE AND POSTMARKED BY APRIL 2, 2018.**

- Completed application and personal statement (ONE PAGE OR LESS)
- One (1) letter of recommendation
- Copy of official high school transcript
- Proof of acceptance in educational program for 2017-2018 academic year
- Extracurricular typed written list

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 LI2Day Walk. **Emphasis is placed on how well the essay addresses how the applicant was affected by breast cancer and/or other women's cancer.** Recipients, their parents and/or guardian will be invited to a scholarship awards brunch in May 2018 to receive their scholarship award.

**No late or incomplete applications will be considered. Please return this application and check-list by April 2, 2018 to:**

**LI2DAY SCHOLARSHIP**

c/o The Maurer Foundation Scholarship Committee  
290 Broadhollow Road, Suite 401E • Melville, NY 11747

## APPLICATION

### The LI2Day Walk Scholarship

(Application deadline: April 2, 2018)

Please print, fill out and mail to:

#### LI2Day Scholarship

c/o The Maurer Foundation Scholarship Committee  
290 Broadhollow Road, Suite 401E • Melville, NY 11747



The LI2DAY Scholarship, supported by the LI2Day Walk, is designed to provide a one-time award of \$2,500 to a high school senior who is a survivor of breast cancer and/or other women's cancer, or resides with a parent or guardian who is a survivor of breast cancer and/or other women's cancer, or resided with a parent or guardian who passed from breast cancer and/or other women's 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 \_\_\_/\_\_\_/\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

I am a cancer survivor  or Name of parent/guardian with cancer \_\_\_\_\_

Relationship to student \_\_\_\_\_ **This individual must reside/have 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 \_\_\_\_\_

Guidance Counselor Name and Email \_\_\_\_\_

#### Please let us know how you heard about our scholarship (please check all that apply):

Guidance Department       PTA       Website       Other \_\_\_\_\_

#### Educational Plans

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

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

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

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

**B) On a separate sheet, please provide a typewritten list of any extracurricular activities, clubs, or part-time employment you have participated in during your four years of high school. Specify how many months or years you participated and approximate time spent each week.**

**C) Personal Statement: On a separate, typewritten sheet briefly describe (ONE PAGE OR LESS) how breast cancer and/or other women's cancer has affected your life and why you believe you are a strong candidate for this scholarship.**

**D) If applicable, on a separate typewritten sheet, please detail your experience with LI2DAY. Please provide details and years of participation.**

**Please return this application, required documents and accompanying check-list by April 2, 2018 to:**

**LI2Day Scholarship  
c/o The Maurer Foundation Scholarship Committee  
290 Broadhollow Road, Suite 401E  
Melville, NY 11747**

**I agree and consent to the use of my name, likeness and/or personal story if I am chosen as a recipient of the LI2DAY Scholarship. I understand that I will not be provided with any compensation for this use, and that my name, likeness, and/or personal story may be used, at the discretion of the L.I. 2 Day Board, in print, television, radio, or electronic media.**

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Student's signature Date

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Signature of parent/guardian Date