



## BABYLON BREAST CANCER COALITION SCHOLARSHIP

The Babylon Breast Cancer Coalition has established a Scholarship to be awarded to a graduating senior whose parent or legal guardian has been diagnosed with breast cancer and/or any female reproductive cancer or has passed away from the disease. **APPLICANT MUST HAVE LEGAL RESIDENCE WITHIN THE TOWNSHIP OF BABYLON.**

The recipient of the award will be selected without regard to sex, race, religion, creed or nation of birth by a committee, which may include guidance counselors and/or faculty members from your school.

Applicants are directed to submit a scholarship application and to follow the instructions noted below:

### **TO THE APPLICANT:**

Since only complete answers to the questions will enable us to choose fairly, replies should be frank and accurate. The Scholarship Committee will keep all information in the strictest confidence.

Please follow the directions listed below to complete your application:

1. An essay (between 400 and 600 words double spaced) entitled, **“What advice would you give a friend who is facing a parent or guardian’s cancer diagnosis and the journey?”** This portion of the application will count significantly towards the committee’s consideration.
2. Complete pages on educational plans, personal information, activities and achievements.
3. The name and telephone number of the doctor or medical group that was used by your parent/legal guardian during their cancer treatment. Please have parent/guardian sign information release form to confirm diagnosis.
4. Proof of acceptance (copy of acceptance letter) and attendance to college or vocational school, (copy of cancelled deposit check or confirmation of deposit from the college or school).
5. One letter of recommendation from a teacher or guidance counselor.
6. The completed application must be returned to your Guidance Chairman no later than **April 15, 2020.**

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

Please feel free to call with any questions or visit our website.

***PLEASE NOTE OUR NEW ADDRESS BELOW!***

**Babylon Breast Cancer Coalition**  
218 N. Wellwood Avenue, Suite 2      Lindenhurst, New York 11757  
Phone 631.893.4110      Fax 631.539.8862  
[www.babylonbreastcancer.org](http://www.babylonbreastcancer.org)



**BABYLON BREAST CANCER COALITION SCHOLARSHIP APPLICATION**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

High School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

- Accepted to:  4 Year College  
 Community or Jr. College  
 Technical/Trade School  
 Other

Career Goals or Vocational Plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College/School: \_\_\_\_\_

Location \_\_\_\_\_

Number of years \_\_\_\_\_ Program Planned \_\_\_\_\_

Accepted  Not Yet Notified



**COMMUNITY ACTIVITIES AND ACHIEVEMENTS**

Please list activities, voluntary and/or community service rendered and awards received:

**9th Grade:**

**10th Grade:**

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**11th Grade:**

**12th Grade:**

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**Parent/Guardian Information**

Name of parent/guardian diagnosed with breast/gyn cancer: \_\_\_\_\_

Name of parent/guardian's physician/medical group: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Year of Diagnosis and Type of Cancer: \_\_\_\_\_

I hereby give permission to release information regarding the diagnosis of \_\_\_\_\_  
 \_\_\_\_\_ (patient's name) to the Babylon Breast Cancer Coalition for consideration for the  
 Babylon Breast Cancer Coalition Scholarship.

**AFFIDAVIT**

I, the undersigned, hereby certify that all statements made in this scholarship application are true to the best of my knowledge. Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_