

**2009 Scholarship Application Form - Octoberwoman Foundation for Breast Cancer Research**

**Applicant**

Applicant Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ SSN \_\_\_\_\_  
 High School \_\_\_\_\_ Graduation Date: \_\_\_\_\_ I learned about the scholarship from \_\_\_\_\_

**Parent Information**

Father: Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Mother: Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

**Residence Information**

I reside with  Family  Other The home in which I live in is:  Owned  Rented Number of years living at the present address: \_\_\_\_\_

List all family members living at above address:

<u>Name</u>	<u>Relation</u>	<u>Age</u>	<u>Name</u>	<u>Relation</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**School Information**

List colleges you have applied to, or intend to apply to, in order of preference. If you have already been accepted and have been assigned a student number, please indicate.

- |   |   |
|---|---|
| 1. _____ Accepted _____ Student # _____ | 2. _____ Accepted _____ Student # _____ |
| 3. _____ Accepted _____ Student # _____ | 4. _____ Accepted _____ Student # _____ |

Major field of study \_\_\_\_\_

Career goal \_\_\_\_\_

Estimated cost of college education per academic year \$ \_\_\_\_\_

This  does  does not include living expenses

**Extracurricular Information**

Briefly list extracurricular clubs, community or religious studies activities, hobbies, etc. Include length of participation, offices held and any awards won (*extra page may be used*)

Academic/School Activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Community/Service \_\_\_\_\_

Religious Studies \_\_\_\_\_

**Employment Information**

Are you currently employed?  Yes  No

If yes, where? \_\_\_\_\_

Current Position \_\_\_\_\_

Approximate hours worked per week \_\_\_\_\_

**Essay**

Please attach 500-word essay on why raising awareness about breast cancer is important in people your age

**Please Note:** All the information appearing on this application will be treated in the strictest confidence. All inaccuracies will automatically disqualify the applicant from consideration. The decision of the Octoberwoman Foundation will be final. Publication of the relative merits of the candidates will not be made. If you feel any additional information would benefit your application, please attach additional sheets.

We, by the signatures below, attest to the truthfulness of all the statements made in this application and understand the contents thereof:

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Father Signature & Date

\_\_\_\_\_  
Mother Signature & Date

\_\_\_\_\_  
Guardian Signature & Date

**This section is to be completed by the school counselor**

After student has completed above information, Counselor is to complete this section and return along with this page and a transcript of grades.

Student's Name \_\_\_\_\_ SAT Scores \_\_\_\_\_ GPA \_\_\_\_\_ Remarks \_\_\_\_\_