Program overview and application instructions:

Award Details: Grants range from \$1000 to \$5000 and are made directly to recipient to assist in covering any of the following; tuition, books or the extra expenses of going to school while having Cystic Fibrosis, which can include: private rooms, rooms with running water, bathrooms, food and parking.

Eligibility Criteria: The Living Breath Foundation is open to individuals with Cystic Fibrosis who are graduating from high school or continuing their higher education at a 2 year, 4 year or trade school, are currently living in California or Arizona, and are a US citizen.

Selection Criteria: In selecting the applicant the committee will take into consideration each applicant's scholastic record, leadership, community service and financial need.

Application Deadline & Award Date: Applications must be postmarked by April 1st and notifications of award status will be mailed no later than June 1st.

Application instructions: Please read these instructions carefully. If you have any questions, please e-mail the Living Breath Foundation at: <u>LivingBreathFoundation@gmail.com</u>

- 1. Complete this application if you are a current in-going undergraduate student, or post grad student.
- 2. Complete the entire application form and submit all the requested additional information. If there are items that are not relevant to you please write N/A.
- 3. Please do not staple any of the pages of the data to the form or additional information together.
- 4. Mail completed application to the address below before April 1st. Incomplete or late applications cannot be considered.

The Living Breath Foundation 2031 Marsala Cir. Monterey, CA 93940

Candidate information

Name: Last		_First			
Gender: M F	Single Marrie	ed			
Date of Birth	Social Se	ecurity No			
Street Address:					
City, State, Zip:					
Phone ()					
E-mail address:					
High School Name a	nd Location:				
High School Cumula	tive GPA:				
Date of Graduation:_					
College/University Na	ame and Location:				
Current Academic St	atus (freshman, sc	phomore,	, junior, ser	nior)	
Major					
College or University	GPA				
Students Gross Inco	me				
Have you ever been a separate page).	convicted of a crim	ne? (circle	one) Yes	No (If yes exp	lain or
Have you applied for	a Living Breath so	holarship	before? (c	ircle one) Yes	No
Did you receive one?	' (circle one) Yes	No Da	te if yes		

Family Information

Father's Name:	
Highest degree (High School, Bach	elors, Masters, Doctorate):
Father's Gross Income	
Mother's Name:	
Highest degree (High School, Bach	elors, Masters, Doctorate):
Mother's Gross Income	
Number of siblings:	_
Ages of Siblings	_
(If applicable) Spouse's Name	
Spouse's Gross Income	Dependent Children #

Community Involvement

On a separate piece of paper please list past or current community involvement: (include dates/offices held):

Extracurricular activities and interests: On a separate piece of paper please list (Include dates and any leadership roles)

Essay Question

- 1. Please tell us how continuing your education will benefit you future.
- 2. Please provide any additional information you want the committee to consider in evaluating your application.

Additional Information: (Required to complete your application.)

- 1. A copy of annual tuition and fees for your college / university.
- 2. A detailed list of all sources of financial aid / support already awarded (e.g. scholarships, grants work / study contributions from family, etc.)
- 3. A photocopy of the most recent Student Aid Report (SAR), the Department of Educations response to your Free Application for Federal Student Aid (FAFSA).
- 4. A letter of recommendation from a member of the community. (e.g. teacher, employer, pastor, etc.)
- 5. A letter from your doctor confirming a diagnosis of Cystic Fibrosis.
- Incoming freshmen: An official high school transcript and a copy of acceptance letter or confirmation of enrollment from your college / university.
- 7. For current college / university students an official college / university transcript and confirmation of enrollment from your college / university.

Consent to review financial information

(complete this section if you are providing the financial information of anyone other than you.)

I give permission to the Living Breath Foundation Scholarship Committee to view the information on this form and submitted with this application.

Parent's signature:	Date
Parent's signature:	Date
Spouse's signature:	_ Date
*All financial information will be kept strictly confidential.	
Application Certification I certify that the information presented in my application is accomplete. I understand and agree that any inaccurate information or omission will be cause for the invalidation of an me. The Living Breath Foundation may verify any and all parts materials. If they award me a scholarship, I give my permission name. I also understand that it will be necessary to provide mumber to the Living Breath Foundation if I am selected as a result of the selected	ation, misleading by grant offered to s of my application on to publicize my y Social Security
Applicant's Name: (print)	
Applicant's signature:	
Date:	
Social Security number	

Application Requirements Checklist

Complete, signed application.
Essay quest response.
A detailed list of annual tuition and fees for your college/university.
A detailed list of all sources of financial aid/support already awarded. (e.g. scholarships, grants, work/study contributions from family, etc.)
A photocopy of most recent SAR Report, the Department of Education's response to your Free Application for Federal Student Aid (FAFSA).
A letter of recommendation.
A letter from your doctor confirming a diagnosis of Cystic Fibrosis.
For incoming freshmen: An official transcript form you high school and an acceptance letter or confirmation of enrollment from you college / university.
For current college students: An official transcript from your college or university.