



## **The North Fork Breast Health Coalition**

P.O. Box 523

185 Old Country Road, Suite 6, Riverhead, NY 11901

Tel: 631-208-8889 Fax: 631-208-8887

<http://www.northforkbreasthealth.org>

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### **North Fork Breast Health Coalition**

## **SCHOLARSHIP APPLICATION**

### **Eligibility Requirements:**

An award will be given to a graduating high school senior on the North Fork of Long Island, New York, who: had a parent or legal guardian diagnosed with breast cancer; and who is a resident and a graduating student in one of the following schools: Riverhead High School, Fishers Island School, Little Flower School, Mattituck High School, Southold High School, Greenport High School, or Shelter Island High School. The purpose of this scholarship is to assist with the costs of his or her education beyond high school.

### **Submission:**

1. Please submit an essay describing the impact of breast cancer in your life. Also describe how your academic motivation and interests, professional and volunteer experience, and/or career objectives were affected due to this diagnosis.
2. Be sure to include a detailed statement of intent articulating your interest in the **North Fork Breast Health Coalition** Scholarship. Include explanations of how obtaining a degree or certificate will impact your future.
3. Include a summary of your interests and activities. Highlight activities that are community and/or service oriented.
4. Please include any other supporting documentation you would like us to consider on making a decision on your application.

### **Before submitting your Application please be sure you have the following two items completed:**

1. **North Fork Breast Health Coalition** Scholarship Application form, signed and dated; and
2. **Written Essay together with any supporting documentation.**

***If you need more information or have any questions, please e-mail [nfbreasthealth@gmail.com](mailto:nfbreasthealth@gmail.com).***



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### North Fork Breast Health Coalition SCHOLARSHIP APPLICATION

*\*Please print. Do not use initials or abbreviations.*

*Applicant Name in Full:*

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Last Name	First	Middle
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Number and Street

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Town	State	Zip Code
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Phone Number	E-mail
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**Applicant's Agreement and Certification: I hereby apply for a Scholarship from the North Fork Breast Health Coalition ("NFBHC").** If I receive a scholarship from the NFBHC, I agree that: 1. I am responsible for gaining admission at my selected institution and if I am awarded a scholarship by the NFBHC, I will use the same at my selected institution and/or school supplies related thereto; 2. I permit the NFBHC to use my name and photographs in promotional materials; 3. My application is subject to this Applicant's Agreement. I understand that my application and other supporting documentation submitted for this scholarship will not be returned to me. **I further confirm that I meet the eligibility requirements and my signature below signifies my acceptance of the terms of this agreement as stated above.**

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SIGNATURE OF APPLICANT

DATE