



SACKS FOR CF SCHOLARSHIP

Personal Information

Name	Last	M.I.	First
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Street Address	City	State	ZIP	E-mail
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CF Center	College Attending/Will Attend
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Telephone (home/cell)	Date of Birth/Age	Male/Female
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Country of Citizenship	Social Security Number
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Have you ever been convicted of a crime?	<i>If yes, explain on separate page.</i>
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Family Information

Father's name	Mother's name
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Father's profession	Mother's profession
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Number of siblings	Number of siblings w/CF	Siblings' ages
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Have you applied for a BEF scholarship before? Yes _____ No _____
Did you receive one? Yes _____ No _____

Education Information

Name of High School	City	State	Overall G.P.A.	Rank in Class
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Name of Undergraduate College	City	State	Overall G.P.A.	Declared Major
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Name of Graduate College	City	State	Overall G.P.A.	Declared Major
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On a separate sheet please list...

All school activities you have participated in (including sports/club sports)

Activity	Number of Yrs.	Awards/Honors	Offices Held
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All **community** activities that you have participated in without pay (civic involvement, volunteer work, etc.)

Organization	Number of Yrs.	Awards/Honors	Describe Involvement
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History of employment

Company	Position	Dates	Average hrs./week	Salary
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Essay Topic (2 parts)

- a) Discuss the importance of compliance to CF therapies and what you practice on a daily basis to stay healthy.
- b) Discuss your postgraduation goals.

(Limit essay to 2 double-spaced pages)

**Applicants must provide ALL of the following.
Incomplete applications will NOT be considered.
Please check to ensure you send the application in its entirety.**

- Completed and signed application**
- Recent photo of yourself for identification purposes**
- Letter from your doctor confirming diagnosis of cystic fibrosis and a list of your daily medications**
- 2-part essay**
- An official or unofficial high school/college transcript**
- Tuition breakdown (including housing, dining, etc.)**
- W2 form for verification for both parents**

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any grant offered to me. BEF may verify any and all of my application materials.

Date: _____ Applicant's signature: _____

CHECK WEB SITE FOR APPLICATION DEADLINE

Please mail completed application and forms to:
Boomer Esiason Foundation, Scholarship Program,
483 10th Avenue, Suite 300, New York, New York, 10018