
RETAIN THIS SHEET FOR YOUR OWN INFORMATION AND GUIDANCE

SECOND YEAR COLLEGE/VOCATIONAL STUDENTS

APPLICATION PROCESS INSTRUCTIONS AND CHECKLIST

This form is to be used by students who have completed at least 2 semesters of college or vocational school prior to September 1, 2018. The instructions below should help you through the application process. Check each box when you have completed that step of the process.

Scholarships will be awarded based on a combination of financial need, academic achievement, and leadership. Scholarships are for undergraduate or vocational school only. Students must be US citizens. Students must be enrolled for a minimum of 9 credit hours per semester. Students must maintain a minimum 2.0 GPA to maintain their scholarship award.

Applications will be accepted starting January 15, 2019

FORM 1 – APPLICATION

- Complete entire application (type or print for legible reproduction.) If something is not applicable, mark “N/A”.
- Make photocopy for your records.
- Return completed Form 1 to the CFSF at 1555 Sherman Ave. #116, Evanston, IL. 60201. Our phone number is 847-328-0127 and our email address is mkbcsf@gmail.com.
- The date that you submitted your application - _____

FORM II – TAX RETURN INFORMATION AND DOCTOR’S NOTE

- Make copies of required tax return information
- Attach copies to Form II
- Sign certification
- Attach doctor’s note
- The date that you submitted Form II - _____

FORM III– COLLEGE OR VOCATIONAL SCHOOL TRANSCRIPT

- Complete Section A of the Transcript Forms and then sign and date. Your parent or legal guardian must also sign if you are under age 18.

- ❑ Deliver Form III to your college or vocational school Registrar and request that they complete Section B and **attach a complete up to date official transcript which includes the first semester grades for the 2018-2019 school year.** The registrar should send the Form and transcript directly to CFSF. **Transcripts which are incomplete can not be considered.**
- ❑ The date you deliver Form III to the registrar - _____

FORM IV – REFERENCES

- ❑ Complete Section A of the Reference Form.
- ❑ Affix proper postage to a return envelope addressed to the CFSF.
- ❑ Deliver Reference Form and the postage return envelope to a counselor/administrator/faculty member of your school. Ask them to complete Section B and return the Reference Form directly to CFSF in the return envelope you have provided.
- ❑ The date you delivered your Form IV - _____

AWARDS WILL BE ANNOUNCED BY APRIL 20, 2019

Use only the forms provided; do not submit additional materials or letters of recommendation.

ALL FORMS MUST BE POSTMARKED BY MARCH 28, 2019

Remember that it is your responsibility to see that all forms are submitted on time.

All information submitted is for the sole use of the CFSF Scholarship Committee to determine award winners. Information contained and submitted with this application is confidential and will not be used for any other purpose.

Cystic Fibrosis Scholarship Foundation
2019- 2020 School Year
SCHOLARSHIP PROGRAM

Scholarship Committee Use Only

FORM I – APPLICATION – Applicant is to complete this form. (Print or type)
Applicant Data

Name *Last* *M.I.* *First*

Address Street City State Zip e-mail

/ /
Date of Birth Male Female () Daytime Phone Number Social Security Number

Have you ever applied for a CFSF scholarship? No _____ Yes _____ When _____

Education

Name of High School Attended City State Date Graduated

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Writing _____ Math _____ Critical Reading _____ Cumulative grade point average in High School _____ /4.0 scale.

Name of School Currently Attending City State Graduation Date (Anticipated)

What will be your grade level in the **fall of 2019**? (Example: 2nd semester junior)

If you are planning to transfer to another school to complete your degree requirements, name the school to which you intend to transfer and when this transfer will occur.

Name of School _____ Month / Year

If you have already decided your major of study, what is it? If not, indicate undecided. _____

Have you decided what career you hope to pursue upon graduation from school? If so, what? _____

On a per week basis, state the approximate number of hours you spend in the classroom, lab and doing homework.

Classroom Hours Lab Hours Homework

Do you feel that your grades are an accurate index of your ability? If not, what circumstances prevented you from doing better?

Activities Awards and Honors

List all **school** activities in which you have participated during school.

Activity	No. Yrs.	Awards/Honors	Offices Held

List all **community** activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, etc.).

Organization	No. Yrs.	Awards/Honors	Describe Involvement

Work Experience

Indicate history of employment.

Company	Position	Dates		Average Hrs./Week	Salary \$/Hour
		From – Mo./Yr.	To – Mo./Yr.		

Applications for Scholarships/Grants/Financial Aid From Other Organizations

List all scholarships, grants and financial aid programs that you have applied for and indicate amount awarded or indicate amount for which you are still waiting for notification.

Name of Scholarship/Grant/Financial Aid Program	Amount Applied for	Amount Awarded Per Year

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION
2019-2020 SCHOLARSHIP PROGRAM**

Cystic Fibrosis Scholarship Foundation
1555 Sherman Ave., #116
Evanston, IL 60201
Phone: 847-328-0127
Email: mkbcsf@gmail.com

FORM II – TAX RETURN INFORMATION AND DOCTOR’S NOTE

Applicant's Name

Phone Number

Social Security No.

Federal Tax Return Information to be submitted with this form as follows:

If applicant is or will be claimed as a dependent on his/her parents' tax return for the year ending December 31, 2018, then the following tax returns must be submitted:

1. The parents tax return, pages 1 and 2 only for the year ending December 31, 2018 or if that return is not yet available then pages 1 and 2 of the tax return for the year ended December 31, 2017; **and**
2. The applicant's tax return, pages 1 and 2 only, for either the year ending December 31, 2018 or the year ending December 31, 2017.

If the applicant is not claimed as a dependent on the parents' tax return then he/she must submit the applicants' tax return for the year ending December 31, 2018 or December 31, 2017 and **indicate in a note how he/she plans to pay for school. Further information may be required before consideration of your application if the applicant's tax return does not provide evidence of ability to pay.** You may be required to provide page 1 of your parent's tax return to verify you are not being claimed by your parents.

If the applicant is married, then the tax returns for both the applicant and spouse, either the joint return or each of the individual returns, pages 1 and 2 for either the year ending December 31, 2018 or December 31, 2017.

Certification

I have submitted all the tax returns required as outlined above and understand that failure to submit the required information is cause for withdrawal of any consideration for a scholarship.

Applicant Signature

Date

Doctor's Note

I have attached a note from my physician who states that I have a diagnosis of cystic fibrosis and am being treated by him/her. Failure to include such note will result in application not being considered by the Committee. You may submit a copy of a recent clinic visit.

Applicant Signature

Date

**Please attach information to this form and return to the CFSF.
FORM MUST BE POSTMARKED BY MARCH 28, 2019**

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION
2019-2020 SCHOLARSHIP PROGRAM**

Cystic Fibrosis Scholarship Foundation
1555 Sherman Ave., #116
Evanston, IL 60201
Phone: 847-328-0127
Email: mkbcsf@gmail.com

FORM III – SCHOOL TRANSCRIPT FORM

Section A: - Applicant is to complete this section.

Applicant's Name *Social Security No.* *Phone Number*

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete the CFSF Scholarship Program Application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section B of Form II and Form III of this application.

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the CFSF Scholarship Program Application."

Parent's/Guardian's Signature *Date*

Applicant's Signature (if 18 or older) *Date*

Section B: School Official – Please complete the following information:

Transcript Information: Please attach an up-to-date official school transcript for the applicant listed above.

The official transcript must include the first semester grades for the 2018-2019 school year. The student's transcript will not be considered if the first semester grades are not included or if it is not an official transcript.

Cumulative grade point average _____/4.0 scale. ***If grading scale is other than a 4.0, please include grade comparison explanation.***

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Math _____ Reading/Writing _____

School Official:

Print Name *Signature*

Date *Title*

School Name *()*
Phone Number

School Address *City* *State* *Zip*

Please attach transcript to this form and return to the CFSF.

FORM MUST BE POSTMARKED BY MARCH 28, 2019

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION
2019-2020 SCHOLARSHIP PROGRAM**

Cystic Fibrosis Scholarship Foundation
1555 Sherman Ave., #116
Evanston, IL 60201
Phone: 847-328-0127
Email: mkbcsf@gmail.com

FORM IV – REFERENCE FORM

SECTION A: - Applicant is to complete this section.
(Print or type)

Applicant's Name

Phone Number

Social Security Number

SECTION B: - A counselor, administrator or faculty personnel must complete this section.

Please return this form and mail it to the CFSF in the attached envelope. (If you know the applicant well enough, it would be very helpful to the Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.)

The applicant's choice of a post-secondary education program is

Extremely Appropriate Very Appropriate Moderately Appropriate Inappropriate No Basis for Judgement

Comments: _____

The applicant's achievements reflect his/her ability

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant's ability to set realistic and attainable goals is

Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The quality of the applicant's commitment to school and community is

Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The applicant is able to seek, find, and use learning resources

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant demonstrates curiosity and initiative

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant demonstrates good problem-solving skills, follows through and completes tasks

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant's respect for others is

Excellent Good Fair Poor No Basis for Judgement

Comments: _____

