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, 2019. 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.

Applications will be accepted starting January 15, 2020

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 mkbcfsf@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 2019-2020 school year. The registrar should send the Form and transcript directly to CFSF. Transcripts which are incomplete cannot 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, 2020

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

ALL FORMS MUST BE POSTMARKED BY MARCH 27, 2020

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  
2020-2021 School Year 
SCHOLARSHIP PROGRAM 

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

Applicant Data 

<table>
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<tr>
<th>Name</th>
<th>Last</th>
<th>M.I.</th>
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Address Street | City | State | Zip | e-mail |
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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 |
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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) |
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What will be your grade level in the fall of 2020?  (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 |
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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.

<table>
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<tr>
<th>Activity</th>
<th>No. Yrs.</th>
<th>Awards/Honors</th>
<th>Offices Held</th>
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List all **community** activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, etc.).

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<th>Organization</th>
<th>No. Yrs.</th>
<th>Awards/Honors</th>
<th>Describe Involvement</th>
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### Work Experience

Indicate history of employment.

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<th>Company</th>
<th>Position</th>
<th>Dates From – Mo./Yr.</th>
<th>To – Mo./Yr.</th>
<th>Average Hrs./Week</th>
<th>Salary $/Hour</th>
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### 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.

<table>
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<tr>
<th>Name of Scholarship/Grant/Financial Aid Program</th>
<th>Amount Applied for</th>
<th>Amount Awarded Per Year</th>
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Write an essay of no more than 500 words about the following question: What do you consider to be our most important societal problem? Why? The essay may be attached to this form.

Certification

I certify that all statements contained in this application are true and correct, that I believe myself eligible, and I hereby apply for a Cystic Fibrosis Scholarship Foundation Scholarship for the 2020-2021 school year.

Signed: _____________________________  Applicant _____________________________  Date _____________________________

FORM MUST BE POSTMARKED BY MARCH 27, 2020
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, 2019, then the following tax returns must be submitted:

1. The parents tax return, pages 1 and 2 only for the year ending December 31, 2019 or if that return is not yet available then pages 1 and 2 of the tax return for the year ended December 31, 2018; and

2. The applicant’s tax return, pages 1 and 2 only, for either the year ending December 31, 2019 or the year ending December 31, 2018.

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, 2019 or December 31, 2018 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, 2019 or December 31, 2018.

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 27, 2020
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 2019-2020 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 ________Writing/Reading__________ Total__________

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 27, 2020
SECTION A: - Applicant is to complete this section.
(Print or type)

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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:
The ability of this applicant to assume leadership roles is

☑ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Basis for Judgement

Comments: ____________________________

The level of maturity displayed by the applicant is

☑ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Basis for Judgement

Comments: ____________________________

The overall success in higher education predicted for this applicant will probably be

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Basis for Judgement

Comments: ____________________________

Has the school ever disciplined the applicant?  If yes, explain –

☐ No ☐ Yes  ____________________________

Have the applicant’s studies been seriously affected by outside work, illness or other factors?  If yes, explain –

☐ No ☐ Yes  ____________________________

In your opinion, has this applicant been working up to his or her true level of ability?

☐ No ☐ Yes  ____________________________

SUPPLEMENTAL INFORMATION: Are there any other facts or impressions, which you feel the selection committee should know about this student? Using the school’s letterhead, please attach any further comments and/or personal recommendations.

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

Print Name

Signature

Title

Date

School Name

Phone Number

School Address

City

State

Zip

FORM MUST BE POSTMARKED BY MARCH 27, 2020