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**RETAIN THIS SHEET FOR YOUR OWN INFORMATION AND GUIDANCE**

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**SECOND YEAR COLLEGE/VOCATIONAL STUDENTS**

**APPLICATION PROCESS INSTRUCTIONS AND CHECKLIST**

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**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 [mkbcsf@gmail.com](mailto: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 2019-2020 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, 2020**

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

**ALL FORMS MUST BE POSTMARKED BY MARCH 27, 2020**

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

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**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**

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 2020**? (Example: 2<sup>nd</sup> 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **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

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### **Work Experience**

Indicate history of employment.

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

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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.

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



**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION  
2020-2021 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, 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.

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Applicant Signature

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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.

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Applicant Signature

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Date

**Please attach information to this form and return to the CFSF.  
FORM MUST BE POSTMARKED BY MARCH 27, 2020**

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION  
2020-2021 SCHOLARSHIP PROGRAM**

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Email: [mkbcfsf@gmail.com](mailto:mkbcfsf@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 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**

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION  
2020-2021  
SCHOLARSHIP PROGRAM**

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**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: \_\_\_\_\_



