
RETAIN THIS SHEET FOR YOUR OWN INFORMATION AND GUIDANCE

High School Seniors and First Year College/Vocational School Students

APPLICATION PROCESS INSTRUCTIONS AND CHECKLIST

This form should be used by applicants who are seniors in high school or **who have NOT completed two full semesters of college by 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 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, 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 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– HIGH 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. **All applicants must submit a high school transcript even if he/she is currently a freshmen in college.**

- ❑ Deliver Form III to your High School Registrar and request that they complete Section B and attach a complete up to date **official transcript which includes for high school seniors 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– COLLEGE OR VOCATIONAL SCHOOL TRANSCRIPT IF APPLICABLE

- ❑ Complete Section A of the Transcript Forms and then sign and date if you are currently enrolled in a college or vocational school. Your parent or legal guardian must also sign if you are under age 18.

- ❑ Deliver Form IV 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 IV to the registrar - _____

FORM V – REFERENCES

- ❑ Complete Section A of the Reference Form.
- ❑ Deliver the Reference Form and 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 CSFS in the return envelope that you have provided.

- ❑ The date you delivered your Form V - _____

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.

Scholarship Committee Use Only

CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION
2020-2021 School Year
SCHOLARSHIP PROGRAM

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

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

Address *Street* *City* *State* *Zip* *e-mail*

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

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

High School or Current

Name of School **Currently** Attending *City* *State* *Number of Year(s) Attended*

Name of High School attended *City* *State* *Number of Year(s) Attended*

High School Graduation Date (Anticipated)

List the schools to which you have applied to in the order of your preference if currently in high school.

First Choice: _____
School Name *City* *State*

Second Choice: _____
School Name *City* *State*

If you have already decided your major field 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 high school (i.e., student government, music, etc.) and college if applicable

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

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2020-2021 SCHOLARSHIP PROGRAM**

Cystic Fibrosis Scholarship Foundation
1555 Sherman Ave., #116
Evanston, IL 60201
Phone: 847-328-0127
Email: mkbcfsf@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 also **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 are 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. You may include a recent clinic visit report to satisfy this requirement. Failure to include such note will result in application not being considered by the Committee.

Applicant Signature

Date

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

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FORM III- HIGH SCHOOL TRANSCRIPT FORM

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

Applicant's Name

Phone Number

Social Security No.

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 CSFS Scholarship Program Application."

Parent's/Guardian's Signature

Date

Applicant's Signature (if 18 or older)

Date

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

Please attach an up-to-date official school transcript for the applicant listed above. Transcript must include the first semester grades for the 2019-2020 school year for high school seniors. Transcripts which do not include the first semester grades and test scores (ACT and/or SAT) will not be considered for the scholarship program. If your school does not include test scores on the transcript the official results must be attached to this form and the transcript.

Applicants ranks _____ in a class of _____. 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 _____

High School Official:

Print Name

Signature

Date

Title

High School

()
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**

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

FORM IV- COLLEGE OR VOCATIONAL SCHOOL TRANSCRIPT FORM

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

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.

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

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

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

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FORM V – 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 member of the faculty must complete this section.

Please complete this form and mail it to the CSFS 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: _____

Student Name: _____

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