

A.L.S. FAMILY CHARITABLE FOUNDATION, INC. SCHOLARSHIP
\$1,500 per year
Presented by the A.L.S. Family Charitable Foundation, Inc.

Applicant must be a child (biological/adopted/step) of an A.L.S. Family Charitable Foundation patient (either living or deceased), a recent high school graduate with a 3.0 average, a matriculated student taking at least 9 credit hours with a full-time course load preferred, and have at least a 3.0 average at the end of each year to receive the scholarship for the following academic year.

Applicant must be a legal resident of New England and attending an accredited higher educational institution. However, if the student is applying for a scholarship to attend a non-accredited school, the Board will consider your request. Award amount will be determined on a case-by-case basis.

Please submit the following items with your application:

- Letter of Acceptance from the College or most recent Transcripts
- Completed Patient Information Form (if one has not been already submitted)
- Essay of approximately 500-1,000 words describing how A.L.S. has impacted your life, and what your educational and life goals are.

Due to the number of applications received, only applicants selected to receive a scholarship will be notified with a letter.

The Scholarship Committee adheres to the following procedures:

If the student does not use the awarded funds by September of the current year after receiving the scholarship, the student will automatically forfeit the award.

Please complete the following and return with your essay and the completed patient information form.

(Please print clearly)

Name: First _____ MI _____ Last _____

Social Security Number _____ - _____ - _____

Are you a child of someone who had been diagnosed with Amyotrophic Lateral Sclerosis?

YES

NO

Have you or your parents received any type of assistance from any other A.L.S. Organization?

If so, please list which organization (s) _____

CERTIFICATION

Student must read and **sign below** to be eligible for consideration.

- I certify that all information provided is complete and accurate to the best of my knowledge.
- I certify that I will be full-time student for the upcoming academic year.
- I give consent to allow academic/enrollment information to be released to the appropriate parties to be used to verify eligibility for this scholarship.
- I certify that I have read this application and certification and accept all conditions.

Student's Signature _____ Date _____

(Guardian if under 18 years of age)

Mail Application, Essay Form and Transcripts to:

A.L.S. Family Charitable Foundation, Inc.
Scholarship Committee
One Trowbridge Road, Suite 322
Bourne, MA 02532
(508) 759-9696