



TRU Heroes Cystic Fibrosis Nursing Scholarship

Personal Information

Name	Last	M.I.	First
------	------	------	-------

Address Street	City	State	zip	email
----------------	------	-------	-----	-------

CF Center	Nursing School Attending/Will Attend
-----------	--------------------------------------

Telephone (home/cell)	Date of Birth /Age	Male/Female
-----------------------	--------------------	-------------

Have you ever been convicted of a crime?	<i>If yes, explain on separate page</i>
--	---

Family Information

Father's name	Mother's name
---------------	---------------

Father's profession	Mother's profession
---------------------	---------------------

Number of siblings	Numbers of siblings w/CF	Siblings' Ages
--------------------	--------------------------	----------------

Have you applied for a BEF scholarship before? Yes _____ No _____
Did you receive one? Yes _____ No _____

Education Information

Name of High School attended	City	State	Overall G.P.A.	Rank in Class
------------------------------	------	-------	----------------	---------------

Name of Undergraduate College	City	State	Overall G.P.A.	Declared Major
-------------------------------	------	-------	----------------	----------------

Name of Graduate College	City	State	Overall G.P.A.	Declared Major
--------------------------	------	-------	----------------	----------------



On a separate sheet please list...

All activities you have participated in school (including sports/club sports)

Activity	Number of Yrs.	Awards/Honors	Offices Held
----------	----------------	---------------	--------------

All **community** activities in which you have participated without pay (civic involvement, volunteer work, etc.)

Organization	Number of Yrs.	Awards/Honors	Describe Involvement
--------------	----------------	---------------	----------------------

History of employment

Company	Position	Dates	Average hrs./week	Salary
---------	----------	-------	-------------------	--------

List any other scholarships you have earned and the amounts received

Scholarships	Dates	Amount Received
--------------	-------	-----------------

Essay Topic (2 parts) (Limit essay to 2 pages double spaced)

1. *Why do you want to go into the field of nursing?*
2. *Having cystic fibrosis, are you concerned about the risk of infection while being a nurse?*

Applicants must provide the ALL of the following.

Incomplete applications will NOT be considered.

Please check to ensure you send the application in its entirety

- Completed and signed application**
- Recent photo of the applicant for identification purposes**
- Letter from your doctor confirming diagnosis of cystic fibrosis and a list of daily medication routine**
- 2-part essay**
- An official or unofficial high school/college transcript**
- W2 form for verification for both parents**

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any grant offered to me. BEF may verify any and all of my application materials.

Date: _____ Applicant's signature: _____

**YOUR APPLICATIONS MUST BE POSTMARKED ON OR BEFORE
December 21, 2018**

Please mail completed application and forms to:
Boomer Esiason Foundation, Scholarship Program
483 10th Avenue, Suite 300, New York, New York, 10018