



The L.I.F.E. Scholarship Application Form

(This application form may be photocopied.)

Name _____ Birth Date _____
(Last, First, Middle)

Permanent Address _____ City _____ State _____ Zip _____

Home Phone _____ School Res. Phone _____

Racial/Ethnic Group _____ Male Female
(Optional)

School last attended _____ Cum. GPA _____

School currently enrolled _____ Cum. GPA _____

Address _____ School Phone _____ FAX _____

Name of recommender _____ Association _____

Name of Physician _____ Phone _____

Honors/Awards or Extracurricular: _____

Activities: _____

Volunteer Activities and/or Employment: _____

Hobbies or Unique Qualities: _____

Essay Topic: Please attach an essay entitled **“How Lupus Has Affected My Life.”** It must be 500 words or less, typewritten, and double-spaced.

AGREEMENTS: If I am selected as a recipient of *The L.I.F.E. Scholarship*, I give permission to the Foundation to publicly announce my name. I understand that I will be identified as a college student with Lupus.

Applicant's Signature _____ Date _____

(Do not sign the above if you do not wish to be identified).

I certify that all of the information I have provided in my application is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____
