



The L.I.F.E. Scholarship

Application Form (This application form may be photocopied.)

Name _____ Birth Date _____

Permanent Address _____

City _____ State _____ Zip _____ Email _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Please indicate your demographics (for statistical purposes only)

Male Female

School Status Freshman Sophomore Junior Senior Graduate Student

Race/Ethnicity Amer Indian/Alaska Native Asian Black Hispanic/Latino White Other

School last attended _____ Cum. GPA _____

School currently enrolled _____ Cum. GPA _____

School Address _____

Name of Recommender _____ Association _____

Name of Physician _____ Phone _____

Honors/Awards or Extracurricular: _____

Volunteer Activities and/or Employment: _____

Hobbies or Unique Qualities: _____

Essay: Please attach an essay entitled "How Lupus Has Affected My Life". It must be 500 words or less, typed, 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 and anything I submit. 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 provided in my application is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____