

Applicant Information

Full legal name: _____

Common name you prefer: _____

Date of birth: _____

Permanent mailing address: _____

City/State/Zip: _____

E-mail address: _____

Home phone number: _____

Cell: _____ **Work:** _____

I currently live with: _____

Present household income: \$ _____

Date graduated/graduating from High School: _____

Name of High School from which you have graduated/graduating (include city/state):

High School/College GPA (must list for each of 2 years required in guidelines):

College, University, Trade School or Technical School in which you are enrolled/enrolling (please include full name, address and phone number):

Have you applied for or are you currently receiving other financial aid: Yes _____ **No** _____

If yes, please list from whom, amount received and whether you are receiving grants, scholarships and/or financial aid (or any combinations thereof):

Essay Guidelines

Please submit a personal essay that addresses and answers the following (please keep your essay between 500 – 2000 words):

- 1) What impact has having a family member with Breast Cancer had on your life? What have you learned about yourself and others from this experience?
- 2) Were you faced with or are you facing other extraordinary circumstances due to your loss? These could include, but not be limited to, assuming parenting responsibilities for younger siblings, going to work to cover additional family expenses, etc. We are not expecting you to have faced other extraordinary circumstances and hope you have not had to! If you have not faced other extraordinary circumstances, please write about to whom you looked to gather strength and guidance during these difficult times and how they were helpful to you.
- 3) Discuss both the challenges and opportunities this experience has presented to you and how your future might be impacted by these experiences and/or your loss of your parent.

Qualified applicants must submit the completed application and all required information to:

Nicki Igoe
Max's Lemonade Stand
Scholarship Program
15058 Rosecrans Ave
La Mirada, CA 90638

or email to: nickiigoe@aol.com.com.

Applications submitted more than once and incomplete applications will not be considered.

Only students selected to receive scholarships will be notified. You may also check our web site, www.maxslemonadestand.com, for winners' names, posted no later than December 15th of each calendar year.

Good luck!

****By signing below, you agree we can publish your name or photograph, as a scholarship recipient, on our web site/print media or in any other way to promote Max's Lemonade Stand with no compensation being paid to you (signature is required for you to be considered for a scholarship reward). If requested, you agree to email to Max's Lemonade Stand a picture of yourself. You agree, if chosen, to supply your social security number before any payment is mailed out to your school.**

Signature: _____

Date: _____