



**CONNIE BAIRD MEMORIAL
SCHOLARSHIP APPLICATION**

Name _____ Todays Date ____/____/ ____

Home Phone _____ Email Address _____

Street Address _____

City _____ ZIP _____

Name of High School you are graduating from: _____

Educational Plans:

University or College _____ Program _____

Phone _____ Address _____

City _____ State _____ ZIP _____

Make sure to include this page as cover and include all of the information requested.
(See criteria page)

Postmark Deadline: April 9, 2021

To: Islip Breast Cancer Coalition
309 Main Street-Box 246
Islip, NY 11751
Attn: Scholarship Committee

309 Main Street, Unit 3, Box 246, Islip, NY 11751 info@islipbreastcancer.com

