



CONNIE BAIRD MEMORIAL SCHOLARSHIP APPLICATION

Please mail with the other information requested (see criteria)

(Postmark Deadline: April 7, 2022)

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

A) To be completed by applicant. Please type or print clearly

Student's Name _____ Todays Date ____/____/____

Home Phone _____ Student's 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 _____

B) Please attach a list or resume of any extra curricular activities, clubs, volunteer work or employment that you have participated in. Include any awards or special recognitions.

C) Essay. Please attach a typed essay minimum 250 words that describes how you have been affected by cancer and how this has possibly influenced your college path. (Extremely important)

D) Make sure that you include all of the information requested. (See criteria)

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



Islip Breast Cancer Coalition, Inc. is a not-for-profit grassroots organization recognized by the Department of the Treasury as a 501 (c) (3) Corporation. NY State Charities Bureau No. is 059959. All donations are tax deductible

