



## **Cascade Foundation of Southern Arizona Educational Scholarship 2017-2018**

1. One educational scholarship for \$1,000 per semester (maximum of \$2,000 per academic school year) will be issued for the 2017-2018 school year.
2. Deadline for scholarship application is June 1, 2017.
3. Print and fill out this application, please refer to criteria listed for eligibility requirements.
4. Submit listed supporting documents in the same mail packet as application. Refer to Application for required documents. Incomplete applications will not be accepted.
5. If any question on application does not apply to you, please write N/A next to the space.
6. Type or print legibly. Illegible applications will not be accepted.
7. You will be sent an email confirmation upon receipt of your completed application. Final determination will be sent via mail by July 28, 2017.
8. If you have questions, please contact Cascade Foundation at [info@cascadefoundationaz.org](mailto:info@cascadefoundationaz.org)

### **Eligibility Requirements:**

9. Scholarship is open to individuals with a bleeding disorder (Hemophilia, vWD, or other factor deficiency), or be the sibling or child of an affected individual. Extended family members are not eligible.
10. Person applying for scholarship must have a minimum 2.5 GPA.
11. Person applying for scholarship must be an incoming college freshman or an existing college sophomore, junior, or senior. Applicant may also be an incoming or existing technical, trade, or nursing school student. Graduate students are also eligible to apply if seeking a post secondary degree (master's or higher).
12. Scholarship award will be renewed each year for up to four years maximum for undergraduate degree-seeking students. Technical, Trade school and post-secondary graduate students are eligible for a two-year maximum award. Recipient must maintain a minimum GPA of 2.5 and will be required to submit copies of year-end transcript for review to validate eligibility before next semester payment will be paid.

# Application 2017-2018

Please Type or Print Your Answers. Illegible applications will not be accepted.

Last Name:	Middle Name:	First Name:
Mailing Address: Street, City, State, and ZIP		
Email: _____@_____		
Telephone Number: (    ) _____ - _____		
Social Security Number: _____ - _____ - _____		
In the Fall of 2017, I will be attending college as a: (Circle One)		
Freshman    Sophomore    Junior    Senior    Technical School    Nursing School Graduate		
Other: _____		
I will be attending the following school in Fall 2017: _____		
<i>Proof of acceptance or current student enrollment from the above listed school is required. Letter of acceptance into school OR current transcript is acceptable.</i>		
Grade Point Average (GPA): _____		
<i>Attach proof of GPA. Most recent OFFICIAL school transcript is required.</i>		
ACT or SAT Score: _____		
<i>A copy of ACT OR SAT score is required for incoming college freshman only.</i>		
Name and city of high school attended:		
List the name and years of any college already attended:		

Feel free to use more than the space provided, you may attach additional pages if necessary.

What specialty/major do you plan to pursue as you continue your education?
What are your educational goals and objectives?
List your academic honors, awards, and membership activities while in high school or college:
List your community service activities, hobbies, outside interests, and extracurricular activities:

The following items **MUST** be included with the application. If **ANY** of the items are not included, the application will not be reviewed by the Cascade Foundation of Southern Arizona. Your application will not be accepted if it is incomplete.

**-One letter of recommendation.** One letter must be from the physician who treats the hemophilia patient with whom you are associated or from a non-family member of the person who is applying for the scholarship.

**-Proof of college acceptance or current student enrollment.** A letter of school acceptance or most recent **OFFICIAL** transcript is acceptable.

## Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of scholarship applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit Completed Application To:**  
Cascade Foundation of Southern Arizona  
P.O. Box 40397  
Tucson, AZ 85717  
**Application Deadline: June 1, 2017**