

Emily's Light Cystic Fibrosis Foundation

Reaching a brighter future through education.

Emily's Light Cystic Fibrosis Foundation **2023 Scholarship Fund**

Scholarships are awarded in memory of Emily Inin Burnett

Congratulations on your pursuit of advancing your education and pursuing your dreams!

Emily inspired many people with her positive attitude, her energy, and her achievements educational and personal. The Emily's Light scholarship awards are intended to recognize others in the CF community that share similar traits.

Award Details:

- Awards are one time and non-renewable
- Amounts are based on the number of applicants and are capped at \$3,000
- First and second ranked applicants will receive the largest awards
- Recipients will be acknowledged on the Emily's Light website and newsletter

Eligibility criteria:

- Any person diagnosed with cystic fibrosis (CF) who has been accepted into and is registered to attend post-secondary education in Fall 2023.
- The educational institution must be accredited by the US Department of Education:
<https://ope.ed.gov/dapip/#/home>.

Submit completed applications to: <https://bit.ly/3B38X3J>

Application questions should be addressed to: emilyslightcff@gmail.com

Application Due Date: By July 31, 2023

Decision Notification Date: By August 31, 2023

Award Disbursement Details:

- Awards are disbursed within approximately ten business days of award notification
- Awards are sent directly to the educational institution upon receipt of a semester schedule from the student and confirmation with the registrar's office.

Award disbursement contact: Douglas Hansen @ 417-489-6540

Emily's Light Cystic Fibrosis Foundation
PO Box 16
Monett, MO 65708

emilyslightcff@gmail.com

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**Emily's Light Cystic Fibrosis Foundation
2023 Scholarship Application**

Directions: Fill out all fields, respond to all prompts under the Education, About You, and Verification sections, and sign the bottom of this page. Submit this page along with a separate page of typed answers in essay format and the verification letter. Only complete, signed applications will be considered.

Student's Full Name: _____

Student's Email: _____ **Phone:** _____

Parent or Guardian's Name: _____

Parent or Guardian's Email: _____ **Phone:** _____

Mailing Address: _____

City/State: _____ **Zip:** _____

Education:

- Your high school's (or GED/HSE program) name and your graduation date
- Name of educational institution that you will attend during 2023-2024 school year
- Name of degree, certification, or accreditation you are seeking

About You:

- Briefly share what motivates or energizes you to pursue continuing education
- Describe someone or something that positively impacted your life
- Share a personal interest or activity you participate in and what it means to you
- Describe a major goal you have and the most significant steps you need to achieve to reach it
- Please share one way your journey with CF has shaped you

Verification:

- Submit a letter from a physician on MD office letterhead confirming your CF diagnosis

References: Provide two references who can receive calls between August 1st-14th

Reference Name: _____

Phone: _____ Best Time to Contact: _____

Relationship to applicant (must be non-family): _____

Reference Name: _____

Phone: _____ Best Time to Contact: _____

Relationship to applicant (can be family): _____

Disclaimer: If I am awarded a scholarship, I hereby give Emily's Light Cystic Fibrosis Foundation permission to publish limited information, including the following: my first name, my educational institution, my essay answers, and my scholarship award amount. I authorize Emily's Light Cystic Fibrosis Foundation to securely share verification information with donors when requested, in order to confirm scholarship distribution.

Applicant Name (Printed)

Signature

Date