

**Emily's Light Cystic Fibrosis Foundation**  
**2025-2026 Young Adult Scholarship**

**Contact Information**

**Mailing Address:**

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

**Primary Contact:** Douglas Hansen

**Phone:** 417-489-6540

**Email:** [emilyslightcff@gmail.com](mailto:emilyslightcff@gmail.com)

**Grant Information**

**Amount:**

Up to \$100 will be given to pursue personal growth through supervised education or training such as at camp or lessons. One award per year is available in each of three categories:

- 1) Sports
- 2) Arts
- 3) Technology

**Eligibility:**

Any individual diagnosed with cystic fibrosis (CF) and registered for the 2025-2026 school year beginning in Fall 2025 is eligible. Students enrolled in grades four through eleven may apply.

Students are eligible to receive one grant per year. Students not selected may reapply for the same or a different grant. Only one grant per student is considered during each review period.

**Where students should send their application:**

Email: [emilyslightcff@gmail.com](mailto:emilyslightcff@gmail.com)

**Application and Award Schedule:**

Scholarships are awarded on a rolling basis until funds are used up.

**How money is disbursed:**

Funds will be disbursed directly to the parent or legal guardian of the applicant upon award and proof of enrollment and payment (i.e. you must provide a receipt and registration). This award is meant to reimburse for activities already completed or paid for. If scholarship exceeds cost of program, award will be capped at program cost.

**Emily's Light Cystic Fibrosis Foundation  
Young Adult Scholarship Application**

Please answer completely. For consideration, your parent or guardian must review and sign this application.

**Applicant Name:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Current GPA:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Full Name of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Tell us about the activity you are applying for.

**Organization Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**What program or activity?** \_\_\_\_\_

**Total cost for program or activity?** \_\_\_\_\_ **Attendance Dates?** \_\_\_\_\_

**Please have applicant answer the following questions on a separate piece of paper.**

1. List three adjectives that describe you.
2. What do you want to do after high school?
3. What is something you enjoy about the activity this scholarship is helping to fund?
4. Finally, please provide a letter from a physician, on proper letterhead, confirming a CF diagnosis and therapy routine. We will not be able to consider your application without this verification letter.

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, state, and a brief description of what experience the scholarship went towards. I authorize Emily's Light Cystic Fibrosis Foundation to share verification information with donors when requested, in order to confirm scholarship distribution.

A parent or legal guardian must sign for application to be processed.

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Parent or Guardian Name (Printed)

Signature

Date