

# Emily's Light Cystic Fibrosis Foundation

*Reaching a brighter future through education.*

## **Emily's Light Cystic Fibrosis Foundation** **2026-2027 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 must be used during the 2026-2027 academic year (Fall 2026, Winter 2027, Spring 2027, or Summer 2027).
- Amounts are based on the number of applicants and are capped at \$3,000.
- Awards are merit based and no more than eight will be given in any funding cycle.
- Recipients acknowledged on the Emily's Light website, social media, and newsletter.

### **Eligibility criteria:**

- Any person diagnosed with cystic fibrosis (CF) who has been accepted to or is enrolled in an accredited post-secondary education during the 2026 – 2027 academic year.
- The educational institution must be accredited by the US Department of Education:  
<https://ope.ed.gov/dapip/#/home>.

Submit completed applications to: <https://forms.gle/zCGESo38HzDV1pqh6>

Application questions should be addressed to: [emilyslightcff@gmail.com](mailto:emilyslightcff@gmail.com)

**Application Due Date:** By July 31, 2026

**Decision Notification Date:** By August 31, 2026

### **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 student registration information 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

**Blank Application on Following Page**

**Emily's Light Cystic Fibrosis Foundation  
2026-2027 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:**

- a. Your high school's (or GED/HSE program) name and your graduation date.
- b. Name of educational institution that you will attend during 2026-2027 school year.
- c. Name of degree, certification, or accreditation you are seeking.

**About You:**

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

**Verification:**

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

**References:** Provide two references who can receive calls between August 1<sup>st</sup>-14<sup>th</sup>.

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.

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**Applicant Name (Printed)**

**Signature**

**Date**