

Angel Fingers Foundation Scholarship Application

PO Box 871883 ♦ New Orleans, LA 70187 ♦ 504-267-5449

Scholarship Information:

The purpose of our scholarship is to provide financial assistance to students studying any biological science pertaining to eradicating syndactyly. Angel Fingers Foundation will award a one-year scholarship, payable \$1,250 a semester for two semesters, with a total value of \$2,500 to qualified candidates. Students meeting the criteria will be awarded a scholarship to be used toward the following, in order of priority: tuition and fees; room and board; books and supplies; and commuting expenses.

At the end of each semester, the recipient will provide the Foundation with an official transcript and proof of full-time enrollment for the next semester. The subsequent scholarship check will be issued only upon receipt of all these materials.

Should a recipient fail to meet the criteria in a given semester, the scholarship will be terminated. If the recipient has an extenuating circumstance, he or she may make a written appeal to the committee for reconsideration.

Criteria:

In making its decision, the Scholarship Advisory Committee will use the following criteria:

- ♦ Extra-curricular activities
- ♦ Community and public service
- ♦ Leadership potential
- ♦ To be eligible and maintain a scholarship, a student must have and continue to demonstrate his/her scholastic achievement by earning a minimum 3.0 GPA
- ♦ Undergraduate student must be in good academic and disciplinary standing for the duration of their studies and demonstrate good character
- ♦ Preference will be given to students who have completed advanced course work related to the research area and students who are planning to attend graduate school
 - ♦ Related research areas include: biochemistry, biomedical research, biomedical science and biotechnology to eradicate syndactyly

Guidelines:

Each applicant must present to the Scholarship Advisory Committee the following by July 30:

- ♦ The completed, signed application form
- ♦ A letter of interest

- ◆ A short biography
- ◆ An official transcript
- ◆ Proof of current enrollment and academic standing
- ◆ Two letters of recommendation from a teacher or professor
- ◆ A statement of 250-500 words as to why the applicant is pursuing a career and study within the biochemistry, biomedical research, biomedical science or biotechnology field

Questions

Contact the scholarship administrator at (504) 267-5449.

Instructions:

To complete the application, you must tab to each gray section and type in your information. Make sure the application is completely filled out and put N/A where applicable. Once complete, print the application and sign it. Please mail applications to the address above. In order for your application to be considered you must sign the last section.

Statement of Confidentiality:

The information requested in this application is for the purpose of determining the applicant's eligibility for the Angel Fingers Foundation Scholarship. Information received is treated confidentially. Thank you.

I. APPLICANT INFORMATION

Full name _____
 First Middle Last

Current _____ Permanent _____
 Address _____ Address _____

Home Phone: (____) _____ Permanent Phone:(____) _____
 Work Phone: (____) _____
 Mobile Phone:(____) _____

Birth Date: _____

Reg ID: _____ E-mail Address: _____
 Gender: ____ Male ____ Female

Ethnic Heritage (check all that apply):

- American Indian/Alaskan Native Pacific Islander/Native Hawaiian
 Asian White
 African American Mixed Heritage
 Hispanic/Latino Other(please specify): _____

Citizenship (check one): If you are a Permanent Resident or a Citizen born outside the United States, please provide a copy of INS documentation.

- U.S. Citizen Permanent Resident Foreign Citizen (what country) _____

II. SCHOOL INFORMATION

List the names of all colleges and universities attended.

	Enrolled From		Enrolled To	
School Name	Month/Day	Year	Month/Day	Year

Major: _____ Minor: _____

GPA: _____
Overall GPA Transfer GPA (if applicable)

III. ACADEMIC STATUS

How many credits have you completed? _____

How many credits do you intend to complete? _____

Do you intend to apply to a graduate school? Yes No

If yes, when and what school? _____

What is your class standing? _____

IV. PERSONAL INFORMATION

Extracurricular Activities: _____

Community and Public Service: _____

Leadership Roles: _____

Note: Make sure to include with this application all additional materials mentioned under the "Guidelines" section above.

V. FAMILY INFORMATION

List two contacts who will know your address in the future. Provide two different addresses (i.e. grandparents or others who do not move often).

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _(____) _____

Phone: _(____) _____

VI. Certification

My signature below indicates that, to the best of my knowledge, the information given in this application is true, complete and accurate.

Signature _____

Date _____

VII. CONFIDENTIAL

Please provide your social security number so that we can meet Department of Education reporting requirements. This information will be treated as confidential information and will not be forwarded to the selection committee members or anywhere else.

Name: _____ Social Security Number: _____

Complete application must be received at the address below by July 30.

**Angel Fingers Foundation
PO Box 871883
New Orleans, LA 70817**