



The Elizabeth Lulu

SCHOLARSHIP FOUNDATION

Scholarship Award Application Form

Personal Information

First Name: _____
Last Name: _____
Date of Birth: ____/____/____
Gender*: Male ___ Female ___
Country of Citizenship: _____
Social Security #: _____
Have you applied for
a grant before?: Yes ___ No ___
Did you receive one?: Yes ___ No ___

Contact Information

Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____
Have you ever been convicted
of a crime?: _____
If yes, explain on separate page.

Testing Information *Please send ETS receipts (If applicable) of all scores*

SAT Total Score & %: _____
Verbal Score & %: _____
Math Score & %: _____

Family Information

Father's Name: _____
Father's Profession: _____
Mother's Name: _____
Mother's Profession: _____
*Please provide a W2 form for
verification of both parents*

Applicant's Education

High School Attending: _____
High School Location: _____
Dates Attended: _____
Current GPA: _____
AP Classes: _____
College Level Courses: _____

Please list all extra-curricular activities
(school and non-school) preferably in order
of your own personal importance:

Essay:

On one page, single spaced, please discuss
your future goals and aspirations.

On one paragraph, please tell us something
you have accomplished in spite of Cystic
Fibrosis, something where CF should or
could have been the obstacle to your
success.

* scholarship is an equal opportunity matter and it will be given out regardless of sex

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All applicants must provide a copy of their high school transcript. We also require a letter from the applicant's doctor or social worker at their clinic confirming their cystic fibrosis diagnosis and prognosis. As well as contact information for 3 references. We also require a recent photo of the applicant.

I certify that the information presented in my application is accurate. I understand and agree that any inaccurate or misleading information or omission will be cause for rescission of any grant offered to me. ELSF has my permission to verify any and all parts of my application materials.

Date: ____/____/____

Applicant's signature

Please mail completed form to The Elizabeth Lulu Scholarship Foundation, 11293 Patom Dr. Culver City, CA, 90230