

## **Application for the Jill Balboni Memorial Scholarship**

### **APPLICATION PROCESS INSTRUCTIONS AND CHECKLIST**

This form should be used by applicants who are seniors in high school and meet the following criteria:

1. 3.2 GPA or higher in high school thru seven semesters
2. Combined SAT score of 1750 or better or Composite ACT score of 25 or higher
3. Dedication to giving back to the community (volunteer work, speaking engagements, club and organization participation, etc.)
4. Submit an essay of at least 500 words describing how you exemplify the spirit of Jill. Use concrete examples to show your enthusiasm for life and your “can do” attitude.

**Please note that all students who apply for this scholarship will also be considered for all scholarships provided by the Cystic Fibrosis Scholarship Foundation. You do not need to submit an additional application to be considered for our other programs.**

The instructions below should help you through the application process. Check each box when you have completed that step of the process.

**Applications will be accepted starting January 15, 2015.**

#### **FORM 1 – APPLICATION**

- Complete entire application (type or print for legible reproduction.) If something is not applicable, mark “N/A”.
- Make photocopy for your records.
- Return completed Form 1 to the CFSF at 1555 Sherman Ave., #116, Evanston, IL. 60201. Our phone number is 847-328-0127 and our email is [mkbcfsf@aol.com](mailto:mkbcfsf@aol.com).
- The date that you submitted your application -

#### **FORM II – TAX RETURN INFORMATION AND DOCTOR’S NOTE**

- Make copies of required tax return information
- Attach copies to Form II
- Sign certification
- Attach doctor’s note
- The date that you submitted Form II -

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## FORM III– HIGH SCHOOL TRANSCRIPT

- ❑ Complete Section A of the Transcript Forms and then sign and date. Your parent or legal guardian must also sign if you are under age 18.
- ❑ Deliver Form III to your High School Registrar and request that they complete Section B and attach a complete up to date **official transcript which includes the first semester grades for the 2014-2015 school year**. The registrar should send the Form and transcript directly to CFSF. **Transcripts which are incomplete can not be considered.**
- ❑ The date you deliver Form III to the registrar - \_\_\_\_\_

## FORM III – REFERENCES

- ❑ Complete Section A of the Reference Form.
- ❑ Deliver the Reference Form and postage return envelope to a counselor/administrator/faculty member of your school. Ask them to complete Section B and return the Reference Form directly to CSFS in the return envelope that you have provided.
- ❑ The date you delivered your Form V - \_\_\_\_\_

## **AWARDS WILL BE ANNOUNCED BY APRIL 20, 2015**

Use only the forms provided; do not submit additional materials or letters of recommendation.

## **ALL FORMS MUST BE POSTMARKED BY MARCH 23, 2015**

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**Remember that it is your responsibility to see that all forms are submitted on time.**

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**All information submitted is for the sole use of the CFSF Scholarship Committee to determine award winners. Information contained and submitted with this application is confidential and will not be used for any other purpose.**



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### **Activities Awards and Honors**

List all **school** activities in which you have participated during high school (i.e., student government, music, etc.)

Activity	No. Yrs.	Awards/Honors	Offices Held

List all **community** activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, etc.).

Organization	No. Yrs.	Awards/Honors	Describe Involvement

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### **Work Experience**

Indicate history of employment.

Company	Position	Dates		Average Hrs./Week	Salary \$/Hour
		From – Mo./Yr.	To – Mo./Yr.		

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### **Applications for Scholarships/Grants/Financial Aid From Other Organizations**

List all scholarships, grants and financial aid programs that you have applied for and indicate amount awarded or indicate amount for which you are still waiting for notification.

Name of Scholarship/Grant/Financial Aid Program	Amount Applied for	Amount Awarded



**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION**  
**Jill M. Balboni Memorial Scholarship**  
**2015-2016 SCHOLARSHIP PROGRAM**

Cystic Fibrosis Scholarship Foundation  
1555 Sherman Ave., #116  
Evanston, IL 60201  
Phone: 847-328-0127  
Fax: 847-328-4525  
Email: [mkbcfsf@aol.com](mailto:mkbcfsf@aol.com)

**FORM II – TAX RETURN INFORMATION AND DOCTOR’S NOTE**

Applicant’s Name

Phone Number

Social Security No.

**Federal Tax Return Information to be submitted with this form as follows:**

If applicant is or will be claimed as a dependent on his/her parents’ tax return for the year ending December 31, 2014, then the following tax returns must be submitted:

1. The parents tax return, pages 1 and 2 only, for the year ending December 31, 2014 or if that return is not yet available then pages 1 and 2 of the tax return for the year ended December 31, 2013; **and**
2. The applicant’s tax return, pages 1 and 2 only, for either the year ending December 31, 2014 or the year ending December 31, 2013.

If the applicant is not claimed as a dependent on the parents’ tax return then he/she must submit the applicants’ tax return for the year ending December 31, 2014 or December 31, 2013 and also **indicate in a note how he/she plans to pay for school. Further information may be required before consideration of your application if the applicant’s tax return does not provide evidence of ability to pay.** You may be required to provide page 1 of your parent’s tax return to verify you are not being claimed by your parents.

If the applicant is married, then the tax returns for both the applicant and spouse, either the joint return or each of the individual returns, pages 1 and 2 for either the year ending December 31, 2014 or December 31, 2013.

**Certification**

I have submitted all the tax returns required as outlined above and understand that failure to submit the required information is cause for withdrawal of any consideration for a scholarship.

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Applicant Signature

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Date

**Doctor’s Note**

I have attached a note from my physician who states that I have a diagnosis of cystic fibrosis and am being treated by him/her. Failure to include such note will result in application not being considered by the Committee.

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Applicant Signature

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Date

**Please attach information to this form and return to the CFSF.**  
**FORM MUST BE POSTMARKED BY MARCH 23, 2015**

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION**  
**Jill M. Balboni Memorial Scholarship**  
**2015-2016 SCHOLARSHIP PROGRAM**

Cystic Fibrosis Scholarship Foundation  
1555 Sherman Ave., #116  
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Email: [mkbcsfs@aol.com](mailto:mkbcsfs@aol.com)

**FORM III- HIGH SCHOOL TRANSCRIPT FORM**

**Section A:** - Applicant is to complete this section. (*Print or type*)

Applicant's Name

Phone Number

Social Security No.

**STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION**

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete the CFSF Scholarship Program Application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section B of Form II and Form III of this application.

*"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the CFSF Scholarship Program Application."*

Parent's/Guardian's Signature

Date

Applicant's Signature (if 18 or older)

Date

**Section B: High School Official** – Please complete the following information:

***Please attach an up-to-date official school transcript for the applicant listed above. Transcript must include the first semester grades for the 2014-2015 school year for high school seniors. Transcripts which do not include the first semester grades and test scores (ACT and/or SAT) will not be considered for the scholarship program.***

Applicants ranks \_\_\_\_\_ in a class of \_\_\_\_\_. Cumulative grade point average \_\_\_\_\_/4.0 scale. **If grading scale is other than a 4.0, please include grade comparison explanation.**

ACT English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Composite \_\_\_\_\_

SAT Math \_\_\_\_\_ Writing \_\_\_\_\_ Critical Reading \_\_\_\_\_

**High School Official:**

Print Name

Signature

Date

Title

High School

( \_\_\_\_\_ )  
Phone Number

School Address

City

State

Zip

**Please attach transcript to this form and return to the CFSF.  
FORM MUST BE POSTMARKED BY MARCH 23, 2015**

**CYSTIC FIBROSIS SCHOLARSHIP FOUNDATION**  
**Jill M. Balboni Memorial Scholarship**  
**2015-2016 SCHOLARSHIP PROGRAM**

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**FORM III – REFERENCE FORM**

**SECTION A:** - Applicant is to complete this section.  
(Print or type)

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Social Security Number*

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**SECTION B:** - A counselor, administrator or member of the faculty must complete this section.

Please complete this form and mail it to the CSFS in the attached envelope. (If you know the applicant well enough, it would be very helpful to the Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.)

**The applicant's choice of a post-secondary education program is**

Extremely Appropriate    Very Appropriate    Moderately Appropriate    Inappropriate    No Basis for Judgement

Comments: \_\_\_\_\_

**The applicant's achievements reflect his/her ability**

Extremely Well    Very Well    Moderately Well    Not Well    No Basis for Judgement

Comments: \_\_\_\_\_

**The applicant's ability to set realistic and attainable goals is**

Excellent    Good    Fair    Poor    No Basis for Judgement

Comments: \_\_\_\_\_

**The quality of the applicant's commitment to school and community is**

Excellent    Good    Fair    Poor    No Basis for Judgement

Comments: \_\_\_\_\_

**The applicant is able to seek, find, and use learning resources**

Extremely Well    Very Well    Moderately Well    Not Well    No Basis for Judgement

Comments: \_\_\_\_\_

**The applicant demonstrates curiosity and initiative**

Extremely Well    Very Well    Moderately Well    Not Well    No Basis for Judgement

Comments: \_\_\_\_\_

**The applicant demonstrates good problem-solving skills, follows through and completes tasks**

Extremely Well    Very Well    Moderately Well    Not Well    No Basis for Judgement

Comments: \_\_\_\_\_

**The applicant's respect for others is**

Excellent    Good    Fair    Poor    No Basis for Judgement

Comments: \_\_\_\_\_



