

Ortlieb Foundation, Inc.

Scholarship Application

Contact Information

Full Name: _____ Sex: _____

Mailing Address:

Email Address: _____

Telephone Numbers: _____

Date of Birth: _____

Place of Birth (City/state/country): _____

Country of Citizenship: _____

Patient Information

Diagnosis of Malignancy (attach letter from physician): _____

Date of Diagnosis: _____

Treatment Therapy (if applicable):

Date of Remission (if applicable): _____

Educational Information (complete all levels with which you enrolled)

1. Name of Institution (high school): _____

Location--City/State/Zip Code: _____

Dates Attended: _____

Field of Study (if applicable): _____

Cumulative Grade Point Average: _____

Degree/Certificate Received: _____

2. Name of Institution (Postsecondary): _____

Location--City/State/Zip Code: _____

Dates Attended: _____

Field of Study: _____

Degree/Certificate Received: _____

Cumulative Grade Point Average: _____

3. Name of Institution (college/university level): _____

Location--City/State/Zip Code: _____

Dates Attended: _____

Field of Study: _____

Degree/Certificate Received: _____

Cumulative Grade Point Average: _____

How did you find out about the Ortlieb Foundation, Inc. Scholarship program? (If someone referred you, please indicate his/her name and program year):

Financial Need

Complete the sections below and attach Federal Income Tax Forms (1040) for self and each parent. Describe why this scholarship is needed:

Letter of Recommendation #1

Sealed recommendations on letterhead are acceptable.

1. In what capacity and how long have you known the applicant?

2. How firm is the applicant's commitment to his/her proposed field of study?

3. In what way would this scholarship contribute to the applicant's academic or professional development?

4. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

Excellent	Very Good	Average	Below Average
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Categories

Leadership				
Initiative				
Enthusiasm				
Adaptability				
Maturity				
Emotional Stability				
Public Speaking				
Creativeness				
Community Service				

Name: _____ Title/Position: _____

Signature: _____ Date: _____

Telephone: _____ Email: _____

Letter of Recommendation #2

Sealed recommendations on letterhead are acceptable.

1. In what capacity and how long have you known the applicant?
2. How firm is the applicant's commitment to his/her proposed field of study?
3. In what way would this scholarship contribute to the applicant's academic or professional development?
4. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

Excellent	Very Good	Average	Below Average
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Categories

Leadership				
Initiative				
Enthusiasm				
Adaptability				
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Name: _____ Title/Position: _____

Signature: _____ Date: _____

Telephone: _____ Email: _____