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):		
LocationCity/State/Zip Code:		
Dates Attended:		
Field of Study (if applicable):		

Cumulative Grade Point Average:	
Degree/Certificate Received:	
2. Name of Institution (Postsecondary):	
LocationCity/State/Zip Code:	
Dates Attended:	
Field of Study:	
Degree/Certificate Received:	
Cumulative Grade Point Average:	
3. Name of Institution (college/university level):	
LocationCity/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 s please indicate his/her name and program year):	omeone referred you
Financial Need	
Complete the sections below and attach Federal Income Tax Forms (1040) for self Describe why this scholarship is needed:	and each parent.

Community Service	
Please describe how you participate in community service, including	the dates and locations of service.
In a typed response of 500 words or less, please describe your educat ascertaining a collegiate degree. (attach to this scholarship application	
*I hereby agree that the information provided in accurate and a valid	representation of the candidate.
Printed Name:	
Printed Name:	
Signature:	Date:
Parental Printed Name (if applicant is a minor):	
Parental Signature (if applicant is a minor):	Date:

Letter of Recommendation #1

Sealed recommendations	s on letterhead	are acceptab	ole.		
1. In what capacity and h	ow long have y	ou known the	e applicant?		
2. How firm is the applica	ant's commitme	nt to his/her բ	oroposed field	of study?	
3. In what way would this	s scholarship co	ontribute to th	e applicant's a	cademic or profe	essional development?
4. How would you rate th blank.	e applicant in t	he following a	areas? If you a	re unable to eval	uate an area, please leave it
	Excellent	Very Good	Average	Below Average	
Categories					J
Leadership					
Initiative					
Enthusiasm					
Adaptability					
Maturity					
Emotional Stability					-
Public Speaking					-
Creativeness					1
Community Service]
Name:			Title	e/Position:	
Signature:	Date:				

Telephone: _____ Email: _____

Letter of Recommendation #2

Sealed recommendations	s on letterhead	are acceptat	ole.		
1. In what capacity and h	low long have y	ou known the	e applicant?		
2. How firm is the applica	ant's commitme	ent to his/her p	proposed field	of study?	
3. In what way would this	e echolarehin co	ontribute to th	e annlicant's a	eademic or profe	assional devolonment?
5. III Wilat way would tills	s scrioiaisiiip co	onthodie to th	е арріісані з а	cademic or profe	ssional development:
4. How would you rate th blank.	e applicant in t	he following a	areas? If you a	re unable to eval	luate an area, please leave it
		\/am/	T	Below	٦
	Excellent	Very Good	Average	Average	
Categories					_
Leadership					
Initiative					
Enthusiasm					
Adaptability					
Maturity					
Emotional Stability					
Public Speaking					
Creativeness					
Community Service					
Name: Title/Position:					
Signature: Date:					

Telephone: _____ Email: _____