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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Community Service
Please describe how you participate in community service, including the dates and locations of service.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Educational/Career Objectives
In a typed response of 500 words or less, please describe your educational and career objectives after ascertaining a collegiate degree. (attach to this scholarship application)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*I hereby agree that the information provided is accurate and a valid representation of the candidate.

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 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.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativeness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativeness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: ______________________________________  Title/Position: _______________________________

Signature: _________________________________  Date: _________________________________

Telephone: _________________________________  Email: _________________________________