



Live Like Lily Foundation HLH Survivor Scholarship Application 2021-2022 Scholarship Program

Deadline: Emailed by March 31, 2021

SCHOLARSHIP PROGRAM CRITERIA

The Live Like Lily Foundation has established annual scholarships for high-school senior and current undergraduate students pursuing an agriculture-based degree program, as well as current students who are survivors of Hemophagocytic Lymphohistiocytosis (HLH). An individual is eligible to apply for a one-year scholarship for education-related expenses if he or she meets the established criteria.

HLH Survivor Scholarship Eligibility Requirements:

- Citizen of the United States; and
- Currently enrolled in, or accepted into an accredited college or university in the United States, as a degree-seeking student and is a survivor of Hemophagocytic Lymphohistiocytosis (HLH)

INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION

Please complete the application by typing or printing legibly. **Only completed and signed applications will be considered. Please submit the following items with this completed application form in one email to the email address noted below.**

1. Copy of your most recent **transcript of grades** from current or last school attended.
2. **One original letter of recommendation** from an individual who is not related to you, the applicant. The letter must be in original form, and must be signed and addressed to the Scholarship Selection Committee at the email address noted below.
3. On a separate sheet of paper, please prepare an **essay submission**, not to exceed 500 words, indicating how surviving HLH has impacted your education, your career goals, your family, any other information you feel is important for the Scholarship Selection Committee to know, and why you feel you should be selected to receive the scholarship.
4. Please provide a **recent photograph** of yourself.

Please email your completed application to: scholarships@livelikelilyfoundation.org

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APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Gender Female Male Date of Birth _____/_____/_____

Classification for 2020-2021 High School Senior College Sophomore College Senior
 College Freshman College Junior

Scholarship Program Applying For (please check one)

- High School Senior
- Current Undergraduate Student
- HLH Survivor Student

Permanent/Home Address	Temporary/School Address (if different)
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Email address _____

Day Telephone (_____) _____ Evening Telephone (_____) _____

FINANCIAL INFORMATION

Are you receiving other financial aid or support for the upcoming academic year? Yes No

Have you applied for the Live Like Lily Foundation scholarship in previous years? Yes No

Have you received other Scholarships? Yes No

Are you currently employed? Yes No Full or Part time? _____

If Employed, where: _____

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How did you hear about the Live Like Lily Foundation Scholarship Program?

- Friend / Parent Facebook
 Teacher Website
 Physician / Hospital Other: please specify _____

ACADEMIC INFORMATION

Are you currently enrolled or accepted into a program at an accredited college or university in the upcoming academic year full-time or part-time? Full-Time Part-Time

Expected Graduation Date from Program _____/_____/_____

List all high schools, colleges and universities attended, including current:

Name of School	Location	Dates Attended	Degree Received

AGREEMENT & TERMS OF LIVE LIKE LILY FOUNDATION SCHOLARSHIP APPLICANTS

I understand that the Live Like Lily Foundation Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I understand that the award amount will be paid directly to the college or university, 50% in the fall semester and 50% in the spring semester. I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds will only be applied to offset financial obligations that I have incurred for tuition, room and board, and other educational expenses during the academic year. I further understand that if I receive a scholarship and accept the award, payment of my award amount will be paid directly to the college or university. I further understand that I am responsible for any tax liability incurred because of this award.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Live Like Lily Foundation scholarship. I authorize Live Like Lily Foundation to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee. I also agree that if awarded a scholarship, I hereby give my consent to the Live Like Lily Foundation to post my picture and notice of award on their social media pages.

Applicant's Signature _____ Date _____

Please email your completed application to: scholarships@livelikelilyfoundation.org