



Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation's (UBCF) **Audrey B. Mastroianni College Scholarship**. On the following pages, you will find our Application Form as well as the terms and conditions of the Audrey B. Mastroianni College Scholarship.

Applications for Scholarships from UBCF and any Scholarships awarded by UBCF are governed by the UBCF Audrey B. Mastroianni College Scholarship Award Terms and Conditions which are included in the Application Form. Every applicant should carefully read the Application and the Terms and Conditions. Each Applicant who submits an application for a Audrey B. Mastroianni College Scholarship agrees to be bound by the Application and the Terms and Conditions. If you do not agree with any of these requirements for any reason, please do not submit an Application.

UBCF's mission is to make a positive difference in the lives of those affected by breast cancer. We are committed to helping people with limited resources reduce the stress and strain that comes with managing cancer. Thanks to the generous support we receive from our donors, we are able to award full and partial Child Sponsorship Grants to qualified applicants. The qualification requirements are stated in the application form.

Our Grant Application consists of the following 11 parts:

1. \$50.00 Pay-It-Forward Contribution;
2. Essay;
3. Testimonial stating how UBCF's grant award will assist you (please note, all who qualify receive support.);
4. Academic Transcript;
5. SAT/ACT scores;
6. Current resume;
7. Copy of Certificate of Death;
8. Two letters of recommendation;
  - a. One academic
  - b. One personal (non-family member)
9. Latest school invoice documenting complete tuition, room and board and balances due;
10. Latest copy of income tax return for financially responsible person, and
11. 2 current pay stubs/ documentation of disability for financially responsible person.

**PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE REVIEWED OR CONSIDERED UNTIL WE HAVE RECEIVED ALL 11 PARTS.**

Your request is important to us. We carefully evaluate Scholarship Applications in the order they are received in full. Processing and approval of applications can take up to 3 months. Incomplete applications remain open for three months after which the files are closed and a new application is required.

*United Breast Cancer Foundation*  
205 Depot Road, Huntington Station, NY 11746  
1-877-UBC-4CURE | [www.ubcf.org](http://www.ubcf.org) | fax 877-822-4287

*Audrey B. Mastroianni College Scholarship Application 2018.4*

If your Scholarship request is approved, funds will be dispersed in the approved amount directly to the service providers identified in your Application. In exceptional circumstances, where service providers have been paid in full by a grant applicant, the grant will be paid to the applicant upon presentation of paid original receipts for the services.

If you need to get in touch with regarding a pending application, please email us [applications@ubcf.org](mailto:applications@ubcf.org).

Thank you for your support of the United Breast Cancer Foundation.

*A letter from United Breast Cancer Foundation's President:*

It was important for me to develop this program because at the time I was entering college there were no funding resources for students in my position. I too experienced a loss due to breast cancer. I have always remembered how important education was to my mother; I wanted to honor that for her. Despite the adversity I faced in adolescence and young adulthood, it was essential for me to pursue a higher education. When it came time to fund my education, I searched through resources listing scholarships, grants and loans. I never came across funding opportunities created with my circumstances in mind. Therefore, when the opportunity came, it was my utmost priority to create a college scholarship fund amongst the UBCF programs. I want to let students know that they are not alone in their pursuits despite all they have endured managing life. I'm grateful to have the opportunity to help students such as you reach your goals and dreams.

**A. Stephanie Mastroianni, President**

United Breast Cancer Foundation

Audrey B. Mastroianni College Scholarship Application Form

Applicant Information

APPLICANT: FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT MAILING ADDRESS: CITY, STATE & ZIP CODE:

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PERMENENT MAILING ADDRESS (if different than above): \_\_\_\_\_

\_\_\_\_\_

PERMANENT E-MAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN CONTACT INFORMATION: NAME \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS, CITY, ST, ZIP \_\_\_\_\_

TOTAL HOUSHOLD INCOME PER YEAR AS PER LATEST IRS TAX RETURN: \$ \_\_\_\_\_

HOW MANY PEOPLE DOES THIS SUPPORT? \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_ NO \_\_\_ IF NO, ARE YOU A U.S. RESIDENT? YES \_\_\_ NO \_\_\_

IF NO, PLEASE LIST STATUS: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_ GPA: \_\_\_\_\_

UNDERGRADUATE COLLEGE/ UNIVERSITY: \_\_\_\_\_

SCHOOL MAILING ADDRESS AND CONTACT:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRES, CITY, ST, ZIP: \_\_\_\_\_

NAME, PHONE & EMAIL OF SCHOOL CONTACT FOR SCHOLARSHIP PAYMENTS:

\_\_\_\_\_

ADDRESS, CITY, ST, ZIP FOR SCHOLARSHIP PAYMENTS:

\_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_ GPA \_\_\_\_\_

CURRENT STANDING IN COLLEGE: \_\_\_\_\_

GRADUATE UNIVERSITY (if applicable): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ GPA: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

STUDENT ACTIVITIES/ ORGANIZATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LEADERSHIP POSITIONS AND YEAR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL FUNDS REQUESTED: \$ \_\_\_\_\_

HAS UBCF PREVIOUSLY AWARDED YOU WITH FINANCIAL ASSISTANCE?

(CIRCLE ONE): YES or NO

IF YES, MONTH AND YEAR PREVIOUSLY AWARDED: MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

HAS UBCF PREVIOUSLY AWARDED ANOTHER MEMBER OF YOU FAMILY?

(CIRCLE ONE): YES or NO

*United Breast Cancer Foundation*  
205 Depot Road, Huntington Station, NY 11746  
1-877-UBC-4CURE | www.ubcf.org | fax 877-822-4287

Audrey B. Mastroianni College Scholarship Application 2018.4

PLEASE EXPLAIN ANY PREVIOUS GRANTS AND AWARD TOTALS:

---

---

---

ARE YOU CURRENTLY RECEIVING FUNDING FROM OTHER SOURCES? IF SO, PLEASE LIST SOURCE(S) AND AWARD AMOUNT(S): \_\_\_\_\_

---

---

HOW DID YOU LEARN ABOUT UBCF'S COLLEGE SCHOLARSHIP OPPORTUNITY?

---

---

---

**Essay:**

Please tell UBCF about your experience as a young adult who has lost a parent due to breast cancer. More importantly, please explain how you are creating direction in your life, what is increasingly more important to you, and how this experience has shaped you. How does this journey of personal growth translate into your higher education goals? Essay must be at least 3 pages, double space, 12-point font, 1-inch margins. Your essay plays a large part in the determination of funding so we request that you take it seriously.

**Testimonial:**

Please take the time to share some words of gratitude for how this scholarship may support you in your pursuit of a higher education and how breast cancer has touched your life. Please note – UBCF assists ALL who qualify. *Please write legibly.*

**Application Fee: Pay-It-Forward Contribution:**

UBCF asks that each application include a \$50.00 Pay-It-Forward Contribution (PIFC). At UBCF we have learned that requiring a PIFC reduces the number of incomplete or ineligible applications. Though the PIFC is non-refundable, don't worry. Every eligible applicant will receive assistance from the UBCF at least equal to or greater than the PIFC. Your Pay-It-Forward Contribution will be used to help other worthy applicants just like you.

Please make your Pay-It-Forward Contribution payable to United Breast Cancer Foundation/College Scholarship by a certified check or money order. **Please do not send cash.**

Be sure to include your Pay-It-Forward Contribution with your completed application. If you fail to do so, your application is incomplete and will not be processed.

Since its inception, the Pay-It-Forward Contribution Fund has generated funds to service hundreds of clients through the Foundation's seven unique programs. Your Pay-It-Forward Contribution will assist others in need of UBCF services. Thank you!

*United Breast Cancer Foundation  
205 Depot Road, Huntington Station, NY 11746  
1-877-UBC-4CURE | www.ubcf.org | fax 877-822-4287*

## **UBCF Audrey B. Mastroianni College Scholarship Terms and Conditions**

I confirm that this Application is being submitted by me and that I am age 18 or older. I understand that this Application and any Scholarship to me that may be approved by the UBCF is subject to the additional terms and conditions below.

1. If awarded a Scholarship I will only use it for the purposes described in this Application and for no other purpose. UBCF shall have the right to confirm my use of the Scholarship and if UBCF determines, in its sole discretion, that I have not complied with the terms of the Scholarship, UBCF may demand return of the Scholarship amount.
2. UBCF shall have the right to use, in whole or in part, my name, likeness, biographical information, and any facts concerning or relating to the Scholarship in any advertising, press releases, promotion, commercial exploitation, marketing and any other documents for any lawful purpose without the need for my prior review, consent or right to approve such use. I may not use the name, likeness, biographical information or any facts concerning or relating to the Scholarship without the prior written consent of UBCF.
3. Prior to the issuance of any Scholarship, I will submit to UBCF a picture of myself and a written testimonial (hand written or electronic) and/or YouTube video describing the use of the Scholarship. The testimonial shall reflect my needs, how I found UBCF, how UBCF's Scholarship will assist me and how my life may be improved due to UBCF's assistance. I will submit this testimonial with this completed Application and mail to UBCF at 205 Depot Road, Huntington Station, NY 11746.
4. I agree to indemnify, defend and hold harmless UBCF, its officers, directors, employees and agents from any loss, damage or expense, including reasonable attorneys' fees and costs, incurred in connection with any action or proceeding resulting from or arising out of, this Application or my actions or inactions related to this Application or the Scholarship.
5. Any Scholarship awarded by UBCF may be paid directly to service providers selected by me as described in this Application in order to assure that the Scholarship will be used for the purposes which I have described. I have voluntarily chosen to obtain the Scholarship to pay to the provider. I recognize that the services which I have or shall receive from the provider are solely at my request and may subject me potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. Although UBCF is providing a Scholarship and making payment to the provider at my instruction, I understand and acknowledge that it is not responsible for any actions or omissions of the provider, its employees, staff, or agents, nor is it responsible for any illnesses, injuries or death that may arise as a result of the services that I am receiving from the provider. To the maximum extent permitted by law, I release and hold harmless UBCF, and its officers, directors, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, arising from the UBCF Audrey B. Mastroianni College Scholarship resulting from any cause, including but not limited to ordinary or gross negligence.
6. UBCF and I have no partnership, joint venture, agency, franchise, or employment relationship and I shall not make any statement or take any action that I do. UBCF will not be bound or become liable because of any representations, actions or omissions by me.
7. If any provision of these terms is for any reason held to be invalid, illegal or unenforceable, that shall not affect any other provision of these terms.

*United Breast Cancer Foundation  
205 Depot Road, Huntington Station, NY 11746  
1-877-UBC-4CURE | www.ubcf.org | fax 877-822-4287*

8. No waiver of any breach of any provision of these terms will constitute a waiver of any other breach of the same or any other provision of these terms, and no waiver will be effective unless made in writing.

9. This Application and these Terms must be construed and enforced exclusively under the laws of the State of New York without regard to its conflicts of laws principles. Any dispute arising out of or related to this Application and these Terms must be commenced (if at all) and prosecuted in the courts located in the State of New York, Suffolk County. The parties agree to submit to the jurisdiction and venue of such courts.

10. I represent that I have carefully reviewed and understand the Application and these terms. This Application and any Scholarship by UBCF constitute the entire agreement between me and the UBCF concerning my Scholarship Request. This Application supersedes any and all prior or contemporaneous agreements, whether oral or in writing, between the parties with respect to the subject matter. No change, amendment or modification of this Application will be valid unless it is in writing and signed by the party to be charged.

11. I may not assign in whole or in part, or subcontract, my rights or obligations under this Application.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Grantee

Return this form to:  
**UBCF- Audrey B. Mastroianni College Scholarship**  
**205 Depot Road**  
**Huntington Station, NY 11746**

**DOUBLE CHECK:** Please make sure you have all these elements before mailing out your application:

- Essay;
- Testimonial;
- Academic Transcript;
- SAT/ACT scores;
- Current resume;
- Copy of Certificate of Death;
- Two letters of recommendation;
  - One academic
  - One personal (non-family member)
- Latest school invoice documenting complete tuition, room and board and balances due;
- Latest copy of income tax return for financially responsible person;
- 2 current pay stubs/ documentation of disability for financially responsible person;
- Completed, signed and dated application, and
- \$50.00 Pay-It-Forward Contribution made payable to United Breast Cancer Foundation/College Scholarship. **Please do not send cash**

ALL MATERIALS MUST BE MAILED IN A **SINGLE PACKAGE** AND POSTMARKED BY:

- **May 1st for the Summer Semester**
- **June 15th for the Fall semester**
- **November 1st for the Spring Semester**

*Please note, your application must be submitted with requested documentation in ONE package otherwise, your application will be considered incomplete and cannot be reviewed.*

*Please be patient and allow for the allotted time for the application to be reviewed.*

**If you have any questions or require additional information:**

Call: **1-877-UBC-4CURE**

Email: **applications@ubcf.org**

Web: **www.ubcf.org**

**[FOR UBCF PURPOSES ONLY]**

Scholarship **Approved:**

**Amount of Scholarship:** \_\_\_\_\_

**Conditions to Scholarship:** \_\_\_\_\_

**UNITED BREAST CANCER FOUNDATION**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*United Breast Cancer Foundation  
205 Depot Road, Huntington Station, NY 11746  
1-877-UBC-4CURE | www.ubcf.org | fax 877-822-4287*