



## *Audrey B. Mastroianni College Scholarship*

Dear Scholarship Applicant,

Thank you for your interest in the United Breast Cancer Foundation's Audrey B. Mastroianni Scholarship Program. **Please take the time to thoroughly read this information and complete the application enclosed.**

### *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 of 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.

**Stephanie A. Mastroianni, President**

Audrey B. Mastroianni College Scholarship

**PLEASE COMPLETE AND RETURN WITH OTHER APPLICATION MATERIALS\***

APPLICANT NAME: \_\_\_\_\_

CURRENT MAILING ADDRESS, COUNTY & PHONE NUMBER \_\_\_\_\_

PERMENENT MAILING ADDRESS, COUNTY & PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN CONTACT INFORMATION \_\_\_\_\_

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

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

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

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

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

TOTAL HOUSHOLD INCOME/ YEAR: \_\_\_\_\_

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

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

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

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

MAILING ADDRESS & PHONE NUMBER \_\_\_\_\_

MAJOR \_\_\_\_\_ GPA \_\_\_\_\_

YEAR IN COLLEGE, FALL 20\_\_ /SPRING 20\_\_ :

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

Audrey B. Mastroianni College Scholarship

MAILING ADDRESS & PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

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

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

STUDENT ACTIVITIES/ ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LEADERSHIP POSITIONS AND YEAR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

HAS UNITED BREAST CANCER FOUNDATION PREVIOUSLY AWARDED YOU WITH FINANCIAL ASSISTANCE? YES or NO

IF YES, WHAT MONTH AND YEAR WERE YOU AWARDED: MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

TOTAL FUNDS PREVIOUSLY AWARDED AND/OR APPLIED FOR THIS TIME PERIOD AND BY WHOM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Audrey B. Mastroianni College Scholarship

Please let us know how you learned about UBCF's College Scholarship Opportunity:

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### Essay:

Please tell the United Breast Cancer Foundation 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Please include the following in your application package:***

- \$50.00 Pay It Forward Contribution. Kindly submit your \$50.00 Pay It Forward Contribution (*non-refundable*) to the United Breast Cancer Foundation with this application. In the past 7 months the Pay It Forward Contribution Fund has generated support to service an additional 64 clients through the Foundations seven unique patient and family programs. In your asking, you are receiving and in turn, with your Pay It Forward Contribution, you are assisting others in need of UBCF's services. Thank You!
- Please note that each applicant will receive assistance from the Foundation. Your Pay It Forward Contribution will be applied to future applicants requesting assistance within the Audrey B. Mastroianni College Scholarship Program.
- Please make your Pay It Forward Contribution payable to the United Breast Cancer Foundation/College Scholarship Program with a certified check or money order.
- Be sure to include your Pay It Forward Contribution with your completed application. If you fail to do so, UBCF's Board of Directors will return your application as incomplete.
- Complete Application (**MUST be completed by applicant or the application will not be returned and viewed as incomplete. This stipulation is strongly enforced.**)
- Essay
- Academic Transcript
- SAT/ACT scores
- Current resume
- Copy of Certificate of Death

## Audrey B. Mastroianni College Scholarship

- 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
- Include the \$50.00 application fee made payable to United Breast Cancer Foundation/CS Fund Program
- Please do not send cash

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

- **May 15 for Fall Semester**
- **October 15 for Spring Semester**

Return this form to:  
**UBCF-College Scholarship Fund**  
**205 Depot Road**  
**Huntington Station, NY 11746**

1-877-UBC-4CURE

**UBCF reserves the right to use scholarship winners' name and story or parts of story in UBCF publications**