



**BOOMER ESIASON FOUNDATION
ROSEMARY QUIGLEY MEMORIAL SCHOLARSHIP**

Personal Information

Name Last M.I. First

Address Street City State Zip Email

CF Center College Attending/Will Attend

Telephone (home/cell) Date of Birth /Age Male/Female

Country of Citizenship Social Security Number

Have you ever been convicted of a crime? *If yes, explain on separate page*

Family Information

Father's name Mother's name

Father's profession Mother's profession

Number of siblings Numbers of siblings w/CF Siblings' ages

Have you applied for a BEF scholarship before? Yes _____ No _____
Did you receive one? Yes _____ No _____

Education Information

Name of High School attended City State Overall G.P.A. Rank in Class

Name of Undergraduate College City State Overall G.P.A. Declared Major

Name of Graduate College City State Overall G.P.A. Declared Major

On a separate sheet please list...

All activities you have participated in school (including sports/club sports)

Activity	Number of Yrs.	Awards/Honors	Offices Held
-----------------	-----------------------	----------------------	---------------------

All **community** activities in which you have participated without pay (civic involvement, volunteer work, etc.)

Organization	Number of Yrs.	Awards/Honors	Describe Involvement
---------------------	-----------------------	----------------------	-----------------------------

History of employment

Company	Position	Dates	Average hrs./week	Salary
----------------	-----------------	--------------	--------------------------	---------------

Essay Topic (2 parts)

- a) Discuss the importance of compliance to CF therapies and what you practice on a daily basis to stay healthy.
- b) Discuss your post graduation goals.

(Limit essay to 2 pages double spaced)

**Applicants must provide the ALL of the following.
Incomplete applications will NOT be considered.
Please check to ensure you send the application in its entirety.**

- Completed and signed application**
- Recent photo of the applicant for identification purposes**
- Letter from your doctor confirming diagnosis of cystic fibrosis and a list of daily medication routine**
- 2-part essay**
- An official or unofficial high school/college transcript**
- Tuition breakdown (including housing, dining, etc.)**
- W2 form for verification for both parents**

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any grant offered to me. BEF may verify any and all of my application materials.

Date: _____ Applicant's signature: _____

CHECK WEB SITE FOR APPLICATION DEADLINE

Please mail completed application and forms to:
Boomer Esiason Foundation, Scholarship Program
483 10th Avenue, Suite 300, New York, NY 10018

Email questions to: jcahillbef@aol.com