

Friends 4 Life Foundation 2023-24 Legacy Scholarship/Stipend Application Form

Thank you for your interest in our program. Applicants must fill out this application and return it with the following required documentation: video, letter of recommendation, transcript, proof of acceptance to college and proof of traumatic experience. If all completed documents are not received we will be unable to consider you for a scholarship/stipend.

NOTE: Please list honors, activities, offices held, volunteer/church work, etc. on a separate sheet of paper and attach to this application.

Student Information			
Applicant's Full Name			
Street Address			
	Cell Phone Number		
Most Used E-mail Address			
		U.S. Citizen?	
Parent or Guardian Information	<u>on</u>		
Parent or Guardian Name			
Street Address			
City, State, Zip Code			
Phone Number		Parent Cell Number	
Parent E-mail Address:			
Sibling Information			
Names and Ages			
Personal Reference Informat	<u>ion</u>		
Personal Reference's Name			
City, State, Zip Code			
Phone Number		Relationship to Applicant	

Student Education Information	<u>on</u>		
High School or College Current	tly Attending		
Address			
Phone	Graduation Da	ate	
How did you hear about this so friend or family member, etc)		tact, physician, Internet research,	
Future Academic Plans			
College/University you plan to a	attend		
Intended Major	ed MajorAnticipated Graduation Date		
***Video Submission			
Email video to info@F4LF.OF	₹G Video Sent?	Yes or No	
YouTube link (if used)			
Student and Parent/Guardian At	ffirmation		
By applying for this scholarship, stude the applicant's name, photographs of foundation's Facebook page, and the	self and family, and video o		
Both the student and the parent/guard	dian must read the following	statement and sign as indicated.	
understand misrepresentations may oscholarship or have other legal conse	constitute fraud which may requences. We give permissi		
Applicant Signature	Print Name	Date	
Parent Signature (18 & under)	Print Name	Date	

*Video must be between 1-5 minutes

All Paperwork is to be mailed to:

Friends 4 Life Foundation Inc. P.O. Box 6112 Elkins Park, PA 19027

Imagine ~ Believe ~ Achieve

Friends 4 Life Legacy Scholarship/Stipend Terms & Conditions

How to Enter: Between 12:00 a.m. Eastern Standard Time ("EST") on February 1, 2024 and 11:59 p.m. EDT on May 15, 2024, (the "Entry Period") to enter, submit the paper application form, 1-3 minute video, a photo of your loved one, a letter from doctor verifying cancer diagnosis, proof of college acceptance and a letter of recommendation to: Friends 4 Life Foundation P.O. Box 6112 Elkins Park, PA 19027. Make email info@f4lf.org your video and be sure to include the YouTube link to your video entry on your application, if used. All entries must be postmarked May 15, 2024 or earlier and received by 11:59 p.m. ET on May 20, 2024. Any entries received after May 20, 2024 is ineligible. All entries become the property of Friends 4 Life Foundation Inc. (Sponsor) and will not be returned. Limit one (1) entry per entrant.

Entry must be submitted in English, be the entrant's original creation, be true and verifiable, created solely by entrant, with no restrictions or limitations on entrant's right to submit, or Sponsor's right to use, the entry. Entry may not have previously won an award. Entry cannot defame or invade publicity rights or privacy/confidentiality of any person, living or deceased, or otherwise infringe upon any person's personal or proprietary rights. Modifying, enhancing or altering a third party's pre-existing work does not qualify as entrant's original creation. Entry may not be offensive or inappropriate, as determined by judges in their sole discretion. Sponsor reserves the right to disqualify any entry it deems to be inappropriate, offensive or is not in keeping with Sponsor's image, in its sole discretion.

Judging: All eligible entries received will be judged by a panel of qualified judges on the criteria of:

1) A 1-3 minute video 2) A Letter of recommendation. Grades, extra-curricular activities, volunteering, & honors received will be taken into consideration. *Verification of loved ones cancer diagnosis must be included ie: letter from doctor or office visit summary (an Obituary/Death notice will suffice in place of death certificate where applicable). For other traumatic experiences please provide a verifiable source of proof. Potential winners will be selected on or about June 15, 2024, and will be notified by email with a follow up letter in the mail. In the event of a tie, such tied entries will be re-judged by an additional "tie-breaking" judge based on the criteria set forth herein. Sponsor reserves the right not to award a prize in the event it receives an insufficient number of eligible entries that meet the minimum judging criteria.

Use of Entry: By submitting an entry, entrant (or, if a minor, his/her parent or legal guardian) agrees Friends 4 Life Foundation Inc. and its designees shall own the entry submitted (including all rights embodied therein) and that it and its designees may utilize, edit, modify, and distribute the entry and all elements of such entry, including, without limitation, the names and likenesses of any persons or locations embodied therein, in any and all media now known or not currently known, throughout the world in perpetuity without compensation, permission or notification to entrant or any third party.