



BOWMAN BROTHERS TRADE SCHOOL SCHOLARSHIP

Last Name M.I. First Date of Birth & Age

Address Street City State Zip

Gender Telephone (Home or Cell) Email

Country of Citizenship Social Security Number

CF Care Center Address & Phone

Trade School You Will Attend Skilled Trade/Degree Pursuing

Personal Information

Do You: Own A Home/Rent/Live with Parents/Other

Single/Married/Divorced/Separated/Widowed # of Children (If Applicable)

Spouse's Occupation (If Applicable) Spouse Employer

If Living at Home With Parents

Parent's Name(s) Parent's Address Parent's Occupation

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

Education Information

List all high school and colleges you have attended, beginning with the final year of high school and ending with your present educational status:

| School GPA | Degree | Dates of Attendance |
|---------------|--------|---------------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |

Community Involvement

All activities you have participated in or are actively participating in (including sports/club sports, committees, music, volunteer work, event planning, fundraising etc.)

| Activity | Number of Yrs. | Awards/Honors | Offices Held |
|----------|----------------|---------------|--------------|
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History of employment

| Company | Position | Dates | Average hrs./week | Salary |
|---------|----------|-------|-------------------|--------|
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Essay Topics (2 parts) (Limit essay to 2 pages double spaced)

- a) Discuss the importance of compliance to CF therapies and what you practice on a daily basis to stay healthy.
- b) Discuss why you want to attend a trade school, in what area of expertise, and post trade school goals?

**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**
- **Letter from your CF center confirming diagnosis of cystic fibrosis**
- **2-part essay**
- **An official or unofficial high school/college transcript (if applicable)**
- **Tuition Breakdown**

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 (www.letsrockcf.org) FOR APPLICATION DEADLINE

Please mail completed application forms to:

Rock CF Foundation
684 W Baltimore St
Suite 101
Detroit, MI 48202