**Thank you applying to the IMM Scholarship Fund!**

IMM currently offers two education-based scholarships for individuals living with sickle cell disease – **The Paradise Scholarship** and **The Cyntra D. Scott Scholarship**. We know that “education” can take many forms. We define it as *an activity that furthers one’s knowledgebase to improve the quality of their life and advance their ability to create a sustainable livelihood*. This could take the form of a workshop, course, experiential-learning, or degree program. Award amounts range from $250-$1000, and are determined by demonstrated need, availability of funds, and number of awards in a given year. All decisions are final and are the sole discretion of the Board of Directors. We look forward to reviewing your application.

**Instructions for the Scholarship Fund Application:**

1. **Fill out the “Scholarship Fund Application form.**  **NOTE: *Save the completed form as a WORD document or PDF file.***
2. **Have your physician prepare a “physician letter” verifying that you have SCD or check off “On file” if IMM is already aware of your Sickle Cell Status.**
3. **Attach a copy of the invoice for your educational expense or a detailed list of expenses for which you will utilize the scholarship. (Further verification may be required if you are selected for an award.)**
4. **Email the completed application and all attachments to** **info@helpimm.org** **by July 15, 2019.**

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**Scholarship Fund Application**

**Please check which scholarship you are applying for:**

 Paradise Scholarship (Education-based grants for individuals 25 years and younger living with sickle cell disease)

 Cyntra D. Scott Scholarship (Education-based grants for individuals 26 years and older living with sickle cell disease)

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Residence**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have attached an official stamped letter from my physician verifying I have Sickle Cell Disease

My letter is already on file with IMM

**Amount requested (between $250-$1000) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Short description of what you plan to use the money for (include a web address if available):

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**Essay Questions: In the space provided, or a separate sheet, please respond to the following four questions:**

1. How you will use the money to further your education or knowledge? Please also explain the need for your specific amount requested.
2. How will this scholarship impact your greater vision for your life?
3. What impact has living with sickle cell disease had on your life? How has it shaped the person you are today?
4. What impact do you want your success to have on the Sickle Cell Community?