Introduction

The "Living Life" with Lupus Support Group a 501 (c) 3 Non-for-profit organization will award annual scholarships to a Lupus patient or an immediate family member planning to attend a college or University.

Eligibility

To be considered for "LLWL Scholarships, a student or family member must meet the following criteria's:

- Letter from physician (on doctors letter head) verifying Lupus patient or an immediate family that has been diagnosed with Lupus.
- Two letters of recommendations.
- High School Senior or College Student must submit official transcript.
- Grade Point Average 3.0 or better.

Selection Criteria

*The Committee will carefully review all applications received.
*Recipients will be selected based on their GPA and recommendations.
*Proof of enrollment in an accredited institution must be provided before the scholarship is granted.

Awarding of Scholarships

*The amounts of scholarships will be at least $500.00 up to $1,000.
*The number of scholarships will be determined by amount of money available.
*Recipients will be notified by mail or phone.
***The awards will be forwarded to the recipient's school.**

MAIL OR E-MAIL THE COMPLETED APPLICATION PACKET TO:

Bettie Carter

Scholarship Committee

P.O. Box 251

South Holland, IL 60473

E-Mail: llw_lupus@yahoo.com

"Living Life" with Lupus Support Group Mario Redmond Scholarship

Application

(PLEASE PRINT)

1. Applicants Name

   First _____ Middle Initial ____ Last Name _____

2. Home Address: Street _____ City _____ State ____ Zip Code _____

3. Home Phone: _____ Cell: _____

   E-Mail: _____

4. Birthday: Month _____ Date _____ Year _____

5. Male _____ Female _____

6. High School
   Name _____ City _____ State ___ Zip _____

7. Year of Graduation
   _____

8. College or University attending or planning on attending:

1) _____

2) _____

9. High School Student Parent (s) Signature:

_____
Signature

_____
Signature

I understand false statements on this application will disqualify me from the scholarship.

Applicants Signature: _____

Date: _____

Any questions please contact Bettie Carter via email: llw_lupus@yahoo.com

Or

Call 708-690-6550

RECOMMENDATIONS

Name of Applicant _____

The above name student has asked that you complete this recommendation which will be held in strict confidence. This form is to be completed by someone other than a relative. Two (2) recommendations needed please make copies.

How long have you known the applicant?

_____

In what capacity have you know the applicant?

_____

_____

Please tell us why you would recommend this applicant for the scholarship?

_____

_____

_____

_____

Signature _____ Date _____

Name _____ Hm. Phone _____

Address _____ Cell _____

City _____ State _____ Zip Code _____